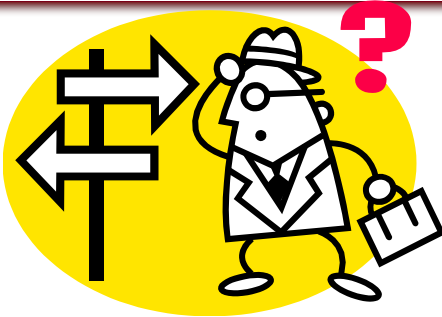


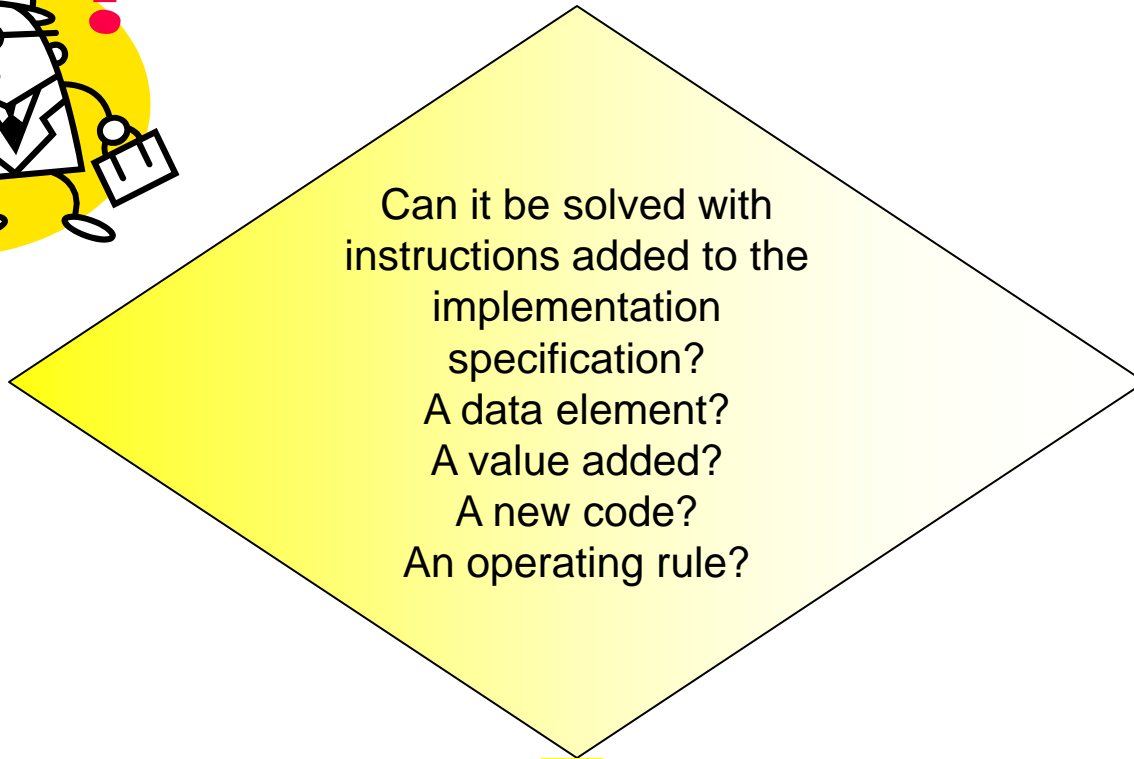
Overview of the Process to Request a Change/Enhancement to a HIPAA-named Standard, Code Set, or Operating Rule

Updated: 05/14/2012

I Have a Business Problem to Solve...



I don't know



Yes

No

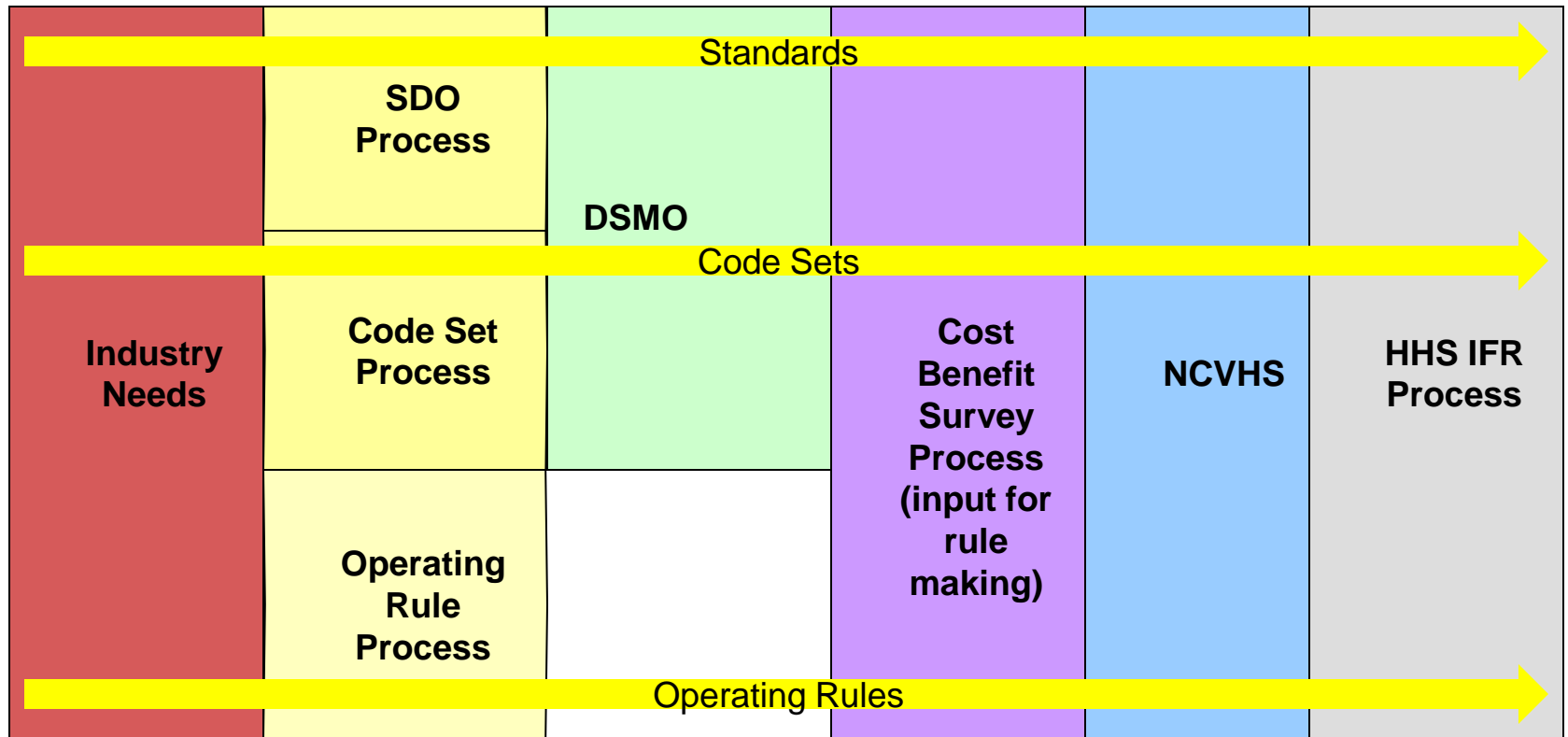
Sections of this Presentation

1. General Acronyms
2. The Regulatory Process - What is the process to ask for a change/enhancement to a HIPAA-named standard, code set, or operating rule?
3. What is the purpose of the DSMO?
4. I think I need something added or changed in a standard or implementation specification.
5. I think I need a new code value.
6. I think I need something added or changed in an operating rule.
7. What if I have a question regarding the healthcare EFT standard?
8. What happens after I submit a change request to the DSMO?

- ◆ APA – Administrative Procedures Act
- ◆ DCC – Data Content Committees
- ◆ DSMO – Designated Standards Maintenance Organizations
- ◆ FAQ – Frequently Asked Questions
- ◆ HHS – U.S. Department of Health and Human Services
- ◆ HIPAA – Health Insurance Portability and Accountability Act of 1996
- ◆ IFC – Interim Final Rule with Comment
- ◆ IFR – Interim Final Rule
- ◆ NCVHS – National Committee on Vital and Health Statistics
- ◆ NPRM – Notice of Proposed Rulemaking
- ◆ OR – Operating Rule
- ◆ SDO – Standards Development Organization(s)
- ◆ SSO – Standards Setting Organizations

What is the process to ask for a change/enhancement to a HIPAA-named standard, code set, or operating rule?

HIPAA Process for Requesting Changes



“The Power User”

If submitter is familiar with change process to standards, code sets, or operating rules, they will use the process with which they are familiar.

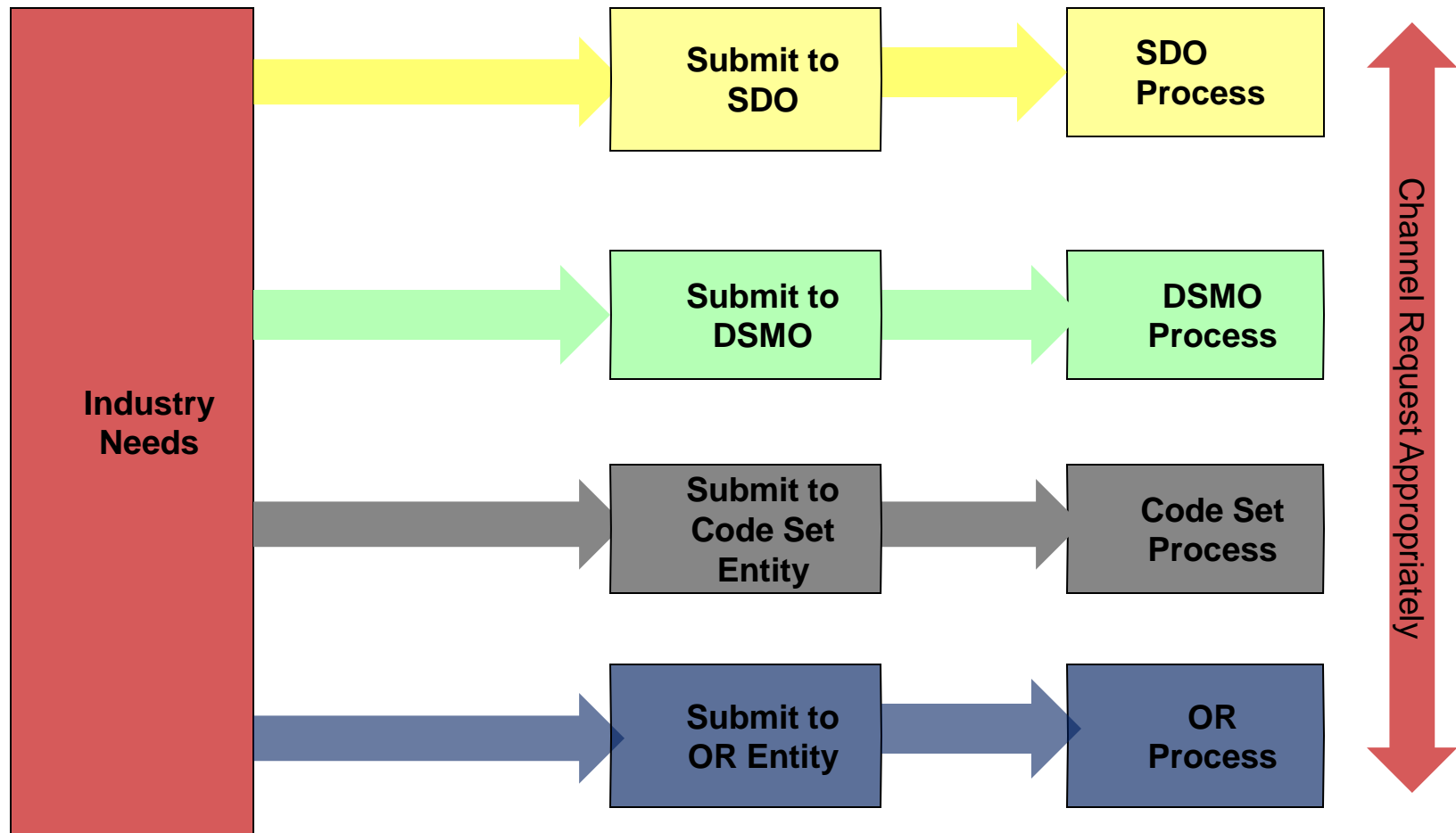
“Not Sure or New Submitter”

If submitter is:

- ◆ *Unfamiliar with the change processes for standards, code sets, or operating rules, or*
- ◆ *Unsure how their request might be fulfilled, it is suggested they choose the DSMO.*

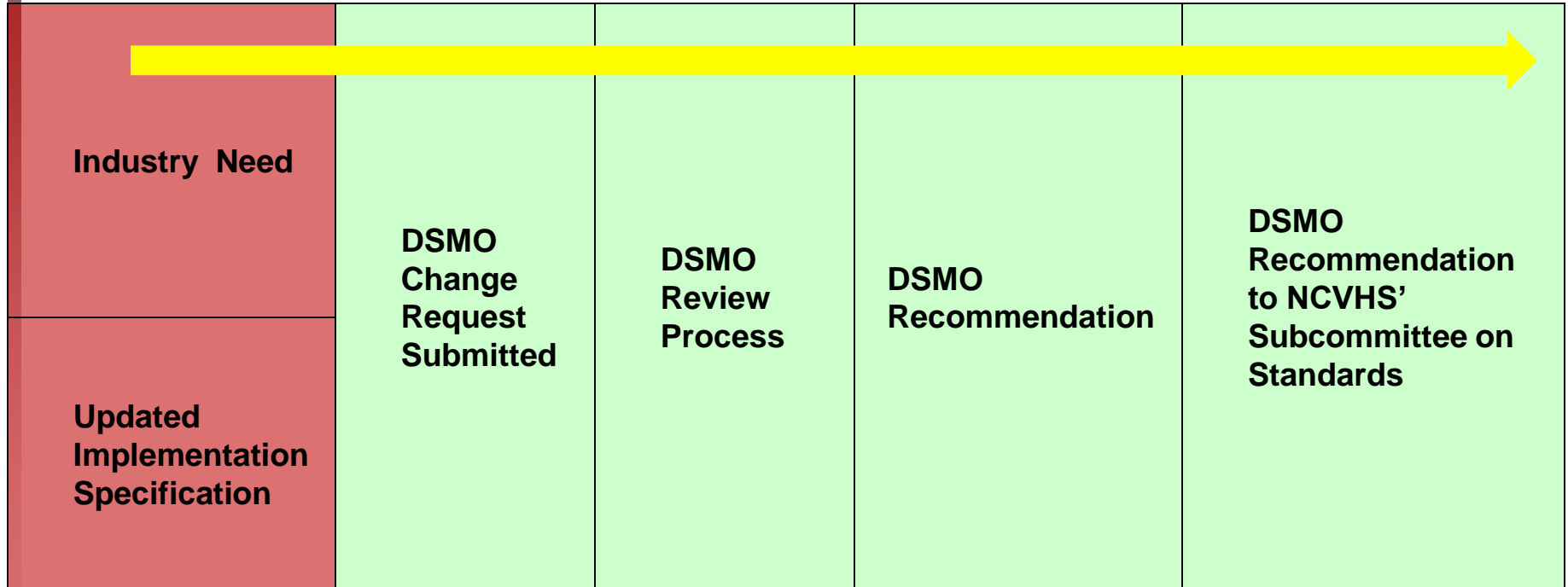
It is the responsibility of the entities (SDOs, operating rules, code set maintainers) to channel the request appropriately and let the submitter know.

HIPAA Process – Detailed



Industry requests can come in through multiple entry points, depending on submitter familiarity.

What is the purpose of the DSMO?



The DSMO process is used for change requests and to start the process of a new or an updated implementation specification or code set moving into HIPAA regulation. More detailed information is available at: <http://www.hipaa-dsmo.org/Overview.asp>

Organizations in the DSMO

- ◆ Accredited Standards Committee X12 (ASC X12)
www.x12.org
- ◆ Dental Content Committee (DeCC) of the American Dental Association (ADA)
www.ada.org
- ◆ Health Level Seven (HL7)
www.hl7.org
- ◆ National Council for Prescription Drug Programs (NCPDP)
www.ncpdp.org
- ◆ National Uniform Billing Committee (NUBC)
www.nubc.org
- ◆ National Uniform Claim Committee (NUCC)
www.nucc.org

*I think I need something added or
changed in a standard or
implementation specification.*

*The request can be submitted to the
DSMO website or directly to the
standards development organization.*

The DSMO SDOs are:

- ◆ www.x12.org
- ◆ Chartered by the American National Standards Institute (ANSI) in 1979.
- ◆ Develops EDI standards and documents for national and global markets.
- ◆ More than 315 X12 EDI standards and increasing ASC X12 XML schemas
- ◆ ASC X12 enhances business processes, reduces costs and expands organizational reach.
- ◆ Members include standards experts from health care, insurance, transportation, finance, government, supply chain and other industries.
- ◆ Standards activities undertaken by ASC X12 may encompass any subject area for which EDI standards can be developed.
- ◆ Business message standards may be based on ASC X12 EDI, XML, UN/EDIFACT, and other future data exchange syntaxes.
- ◆ Standards development activities include both American National Standards and international standards.

- ◆ ASC X12 – Consists of:
 - Subcommittees
 - Including Insurance, Transportation, Finance, Government, Supply Chain
 - May have Task Groups
 - Insurance Subcommittee includes Property & Casualty, Health Care, Program Management, Implementation Guides, Technical Assessment
 - May have Work Groups
 - Business area focused, e.g. eligibility, claims, claim payment
- ◆ ASC X12X – Steering Committee
 - Overall governing body of ASC X12
- ◆ Decisions are reached through consensus.
- ◆ Participation is open to all materially interested parties.
- ◆ Information on the process and progress is directly available.
- ◆ Due process ensures views are considered and appeals are possible.
- ◆ The process allows different methodologies to meet the needs of different technology and product sectors.

Requesting Enhancements to ASC X12 Publications

- ◆ The request can be submitted to the DSMO website, or directly to the SDO.
- ◆ To submit directly to ASC X12, several direct pathways
 - New Project Proposal
 - Data Maintenance
 - Code Maintenance (ASC X12 internal codes)
 - ASC X12 website: www.x12.org/TR3ChangeRequest
 - Authoring Group
 - Email or paper document to Secretariat
- ◆ Indirect pathways
 - Comment from an NPRM or IFR/IFC
 - Request for Interpretation Portal

Requesting Enhancements to ASC X12 Publications

- ◆ Request received
- ◆ Request is triaged
 - Is request complete?
 - Yes, primary work group is assigned
 - No, requester is contacted for additional info.
- ◆ Request is sent to the primary work group
 - Request analyzed
 - Work Group determines whether they agree with the business case
 - If yes, is Data Maintenance required?
 - If yes, is there someone willing to sponsor?
 - If yes, sponsor crafts DM request and guides through the process.
 - If no, request is disapproved with explanation to submitter Data Maintenance is required and they need to find a sponsor or submit DM to X12.
 - If no, the workgroup determines if the stated business case is best met using the requested solution or if an implementation is better suited
 - If no, request is disapproved with reason supplied

Requesting Enhancements to ASC X12 Publications

◆ Time Frames – Standard

- ASC X12 recommends a new version of the Standard to ANSI every 5 to 7 years.
 - **vww000**
- ASC X12 approves for publication a new release of the ASC X12 standard every October.
 - **vwwr0**
- ASC X12 approves for publication a new subrelease of the ASC X12 standard every February and June.
 - **vwwrs**
- Detailed schedule available at www.x12.org/x12org/subcommittees/dev/pDF/X12RELEASESCHE D.pdf

Requesting Enhancements to ASC X12 Publications

- ◆ Time Frames – Technical Report
 - Development
 - Public Comment on Draft – 45 – 60 days
 - Informational Forum
 - Draft finalized
 - Approval to publish by Work Group, Task Group, Subcommittee
 - Technical Assessment Subcommittee Review
 - Final Publication

Asking a Question to ASC X12

- ◆ General information about ASC X12, such as membership or next meeting information, go to: www.X12.org.
- ◆ If your question is directly related to an existing ASC X12 published document, the request may be submitted by navigating to:
<http://www.x12.org/x12org/subcommittees/x12rfi.cfm>. ASC X12 will respond to interpretive questions...
 - You will need to register as a new user if you have not previously submitted a request. If you are a returning user, you may log in and enter your request.

- ◆ www.hl7.org
- ◆ HL7 is the global authority on standards for interoperability of health information technology with members in over 55 countries.
- ◆ Founded in 1987, HL7 is a not-for-profit, ANSI-accredited standards developing organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. HL7's represent information systems vendors serving healthcare.

- ◆ The request can be submitted to the DSMO website, or directly to the standards development organization.
 - At present, no HL7 standard is named in HIPAA. An NPRM was published naming HL7 in claim attachments, but has not been finalized.
- ◆ To request a change to the HL7 standard or to request a new project for Attachments can be done by contacting the HL7 Attachment Workgroup (AWG).
 - Information is found at:
<http://www.hl7.org/Special/Committees/claims/index.cfm>, you do not need to be a HL7 member to access the Attachment information on this site.
 - This includes requesting new Logical Observation Identifier Names and Codes (LOINC) to be used for Attachment purposes. The Attachment workgroup will work with the requestor to define the necessary codes as well as with the Regenstreif Institute to obtain a new code.
 - Currently work is underway to formalize this process.

Asking a Question to HL7

- ◆ General information about HL7 can be found at:
<http://www.hl7.org/index.cfm>
- ◆ Questions about Attachments can be directed to the HL7 Attachment workgroup,
<http://www.hl7.org/Special/Committees/claims/index.cfm> for information on the workgroup meetings, conference calls and how to contact the work group co-chairs.

- ◆ www.ncpdp.org
- ◆ An ANSI-accredited standards development organization.
- ◆ Provides a forum and marketplace for a diverse membership focused on health care and pharmacy business solutions.
- ◆ A member driven organization that has been named in various government legislation and rulings, such as HIPAA and the Medicare Part D Regulation.
- ◆ One of several SDOs involved in Healthcare Information Technology and Standardization.
- ◆ Focus on pharmacy services, and has the highest member representation from the pharmacy services sector of healthcare.
- ◆ NCPDP standards are used in pharmacy processes, payer processes, electronic prescribing, rebates, and more.
- ◆ NCPDP dataQ™ - provides healthcare stakeholders with up-to-date, comprehensive, and in-depth pharmacy information.
- ◆ NCPDP Online - enumerator of the NCPDP Provider ID number.
- ◆ HCidea - NCPDP's relational healthcare prescriber database of over 2.1 million prescribers created for the industry, by the industry.
- ◆ RxReconn™ - NCPDP's legislative tracking product.

Requesting Enhancements to NCPDP Publications

- ◆ The request can be submitted to the DSMO website, or directly to the SDO.
- ◆ Requesting a change/enhancement to NCPDP publications is done via a Data Element Request Form (DERF).
 - Information is found at:
http://www.ncdp.org/standard_changes.aspx
 - DERFs are reviewed each quarter according to the schedule on the Calendar link on this page.
- ◆ Requesting a new project for NCPDP to work on is done via the New Project Development Form.
 - Information is found at:
http://www.ncdp.org/standard_changes.aspx
 - Projects are reviewed each quarter according to the schedule on the Calendar link on this page.

Asking a Question to NCPDP

- ◆ General information about NCPDP
 - www.ncpdp.org
- ◆ NCPDP has task groups, which meet via conference calls. Task Groups are open to any materially interested party who is willing to work to answer questions, solve problems. There is no fee or membership required to participate in task groups. Information on task groups is available at: <http://www.ncpdp.org/events.aspx> ([NCPDP Task Groups](#) link)

Asking a Question to NCPDP

- ◆ Regarding Telecommunication Standard version D.0 or Batch Standard Version 1.2 please check
 - The implementation guide for questions, examples, rules and guidance
 - The Version D Editorial document publicly available at: http://www.ncpdp.org/public_documents.aspx#vDed which contains further questions, examples, rules and guidance.
 - HIPAA page - http://www.ncpdp.org/news_hipaa_trans_current.aspx
- ◆ To submit a Telecommunication or Batch Standard question which may be reviewed by the Work Group 1 Telecommunication FAQ Task Group, email: ncpdp@ncpdp.org

- ◆ Regarding Medicaid Subrogation Standard version 3.0 please check
 - The implementation guide for questions, examples, rules and guidance
 - The Medicaid Subrogation Editorial document publicly available at: http://www.ncdp.org/news_hipaa_trans_current.aspx#MediSubQuest
 - The Version D Editorial document publicly available at: http://www.ncdp.org/public_documents.aspx#vDed which contains further questions, examples, rules and guidance.
 - HIPAA page - http://www.ncdp.org/news_hipaa_trans_current.aspx
- ◆ To submit a Medicaid Subrogation Standard question which may be reviewed by the Work Group 9 Task Group, email: ncdp@ncdp.org

*The DSMO Data Content Committees
(DCC) are:*

- ◆ www.nubc.org
- ◆ The National Uniform Billing Committee (NUBC) which is responsible for coordination of institutional billing, holds meetings and conference calls throughout the year and change requests may be submitted at any time. However, to be considered at the next scheduled meeting, requests for changes to the UB-04 Manual or UB-04 Data Set must be received by the NUBC Secretary at least 45 days in advance. Approved changes can be effective as of any date, but January 1, April 1, July 1, and October 1 are the most common. The date depends on the amount lead time deemed appropriate by the committee.
- ◆ Is chaired by the AHA.
- ◆ More information can be found on the NUBC Web site at: www.nubc.org/change.html

Requesting Enhancements to NUBC Publications

In order for the NUBC to properly and efficiently consider change requests, each request must be accompanied by the following documentation:

1. Briefly describe what "action" you are requesting and the proposed implementation or effective date.
2. Include a brief, non-technical description of the service or issue.
3. Provide information regarding the "cause" of the proposed change (e.g., legislative or regulatory)
4. Explain what the change is intended to accomplish.
5. Demonstrate that you are raising a national issue.
6. Indicate whether the proposal was presented to the State Uniform Billing Committee (SUBC) (SUBC is a local version of the NUBC).
7. Describe why existing UB-04 codes or alternative approaches are insufficient..
8. Indicate the impact on providers.
9. Provide any further documentation that reinforces the national need for the proposed change.

- ◆ The UB-04 Data Set is a series of unique data elements that are part of the institutional claim. The list below, represented by Form Locator (FL) number, corresponds to a unique UB-04 data category that is assigned a FL reference number.
 - FL 04 - Type of Bill Facility Codes
 - FL 04 - Type of Bill Frequency Codes
 - FL 13 - Admission Hour
 - FL 14 - Priority (Type) of Admission or Visit
 - FL 15 - Point of Origin for Admission or Visit (includes Newborn and Non-newborn)
 - FL 16 - Discharge Hour
 - FL 17 - Patient Discharge Status
 - FL 18-28 - Condition Codes
 - FL 31-34 - Occurrence Codes and Dates
 - FL 35-36 - Occurrence Span Codes and Dates
 - FL 39-41 - Value Codes and Amounts
 - FL 42 - Revenue Codes
 - FL 66 - Diagnosis and Procedure Code Qualifier (ICD Version Indicator)
 - FL 81 - Code-Code Field (for paper UB-04s only)

◆ www.nucc.org

◆ The NUCC:

- Was created to develop a standardized data set for use by the professional/non-institutional health care community to transmit claim and encounter information to and from all third-party payers
- Is chaired by the American Medical Association (AMA), with the Centers for Medicare & Medicaid Services (CMS) as a critical partner
- Is comprised of a cross-section of health care industry stakeholders representing providers, payers, designated standards maintenance organizations, public health organizations, and vendors
- Was formally named in HIPAA as one of four organizations to be consulted by the SDOs and Secretary of HHS as they develop, adopt, or modify national standards for health care transactions

- ◆ The NUCC maintains the following documents:
 - 1500 Health Insurance Claim Form
 - NUCC Reference Instruction Manual
 - NUCC Data Set
 - 1500 Claim Form Map to the X12N Health Care Claim: Professional (837)
- ◆ These documents are available on the NUCC website at: www.nucc.org
- ◆ Requests for updates to these documents or questions about them can be submitted to: info@nucc.org

I think I need a new code value.

- ◆ International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM) Volumes 1 and 2 (Diagnoses)
 - To be replaced by International Classification of Diseases, 10th Revision, Clinical Modification (ICD–10–CM)
- ◆ ICD-9-CM Volume 3 (Procedures)
 - To be replaced by International Classification of Diseases, 10th Revision, Procedure Coding System (ICD–10–PCS)
- ◆ International Classification of Diseases, 10th Revision, Clinical Modification (ICD–10–CM) (including The Official ICD–10–CM Guidelines for Coding and Reporting), as maintained and distributed by HHS, for the following conditions: (i) Diseases. (ii) Injuries. (iii) Impairments. (iv) Other health problems and their manifestations. (v) Causes of injury, disease, impairment, or other health problems.
- ◆ International Classification of Diseases, 10th Revision, Procedure Coding System (ICD–10–PCS) (including The Official ICD–10–PCS Guidelines for Coding and Reporting), as maintained and distributed by HHS, for the following procedures or other actions taken for diseases, injuries, and impairments on hospital inpatients reported by hospitals: (i) Prevention. (ii) Diagnosis. (iii) Treatment. (iv) Management.

- ◆ National Drug Codes (NDC)
- ◆ Code on Dental Procedures and Nomenclature (CDT)
- ◆ Healthcare Common Procedure Coding System (HCPCS)
- ◆ Current Procedural Terminology (CPT)

◆ ICD-9-CM

- Includes The Official ICD-9-CM Guidelines for Coding and Reporting, as maintained and distributed by HHS, for the following conditions:
 - (i) Diseases
 - (ii) Injuries
 - (iii) Impairments
 - (iv) Other health problems and their manifestations
 - (v) Causes of injury, disease, impairment, or other health problems

- ◆ The ICD-9-CM code set is available on the National Center for Health Statistics (NCHS) website at:
www.cdc.gov/nchs/icd/icd9cm.htm

◆ ICD-9-CM Volume 3

- Includes The Official ICD-9-PCS Guidelines for Coding and Reporting, as maintained and distributed by HHS, for the following procedures or other actions taken for diseases, injuries, and impairments on hospital inpatients reported by hospitals:
 - (i) Prevention
 - (ii) Diagnosis
 - (iii) Treatment
 - (iv) Management

◆ ICD-9-CM procedure code set is available on the Centers for Medicare & Medicaid Services (CMS) website at:

www.cms.gov/ICD9ProviderDiagnosticCodes/06_codes.asp

- ◆ International Classification of Diseases, 10th Revision, Clinical Modification (ICD–10–CM) (including The Official ICD–10–CM Guidelines for Coding and Reporting), as maintained and distributed by HHS, for the following conditions: (i) Diseases. (ii) Injuries. (iii) Impairments. (iv) Other health problems and their manifestations. (v) Causes of injury, disease, impairment, or other health problems.
- ◆ The ICD–10–CM code set is on the NCHS website at: <http://www.cdc.gov/nchs/icd/icd10cm.htm>

- ◆ International Classification of Diseases, 10th Revision, Procedure Coding System (ICD–10–PCS) (including The Official ICD–10–PCS Guidelines for Coding and Reporting), as maintained and distributed by HHS, for the following procedures or other actions taken for diseases, injuries, and impairments on hospital inpatients reported by hospitals: (i) Prevention. (ii) Diagnosis. (iii) Treatment. (iv) Management.
- ◆ The ICD–10–PCS code set is available on the CMS website at: <http://www.cdc.gov/nchs/icd/icd10cm.htm>

- ◆ NDC, as maintained and distributed by HHS, in collaboration with drug manufacturers, for the following:
 - (1) Drugs
 - (2) Biologics
- ◆ The NDC are available at:
<http://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm>

- ◆ CDT, as maintained and distributed by the ADA, for dental services
- ◆ The purpose of the CDT code set is to achieve uniformity, consistency and specificity in accurately reporting dental treatment
 - One use of the CDT Code is to provide for the efficient processing of dental claims
- ◆ CDT is available on the ADA website at:
<http://www.ada.org/3827.aspx>

- ◆ The combination of HCPCS, as maintained and distributed by HHS, and CPT as maintained and distributed by the AMA, for physician services and other health care services. These services include, but are not limited to, the following:
 - (1) Physician services
 - (2) Physical and occupational therapy services
 - (3) Radiologic procedures
 - (4) Clinical laboratory tests
 - (5) Other medical diagnostic procedures
 - (6) Hearing and vision services
 - (7) Transportation services including ambulance
- ◆ HCPCS, as maintained and distributed by HHS, for all other substances, equipment, supplies, or other items used in health care services. These items include, but are not limited to, the following:
 - (1) Medical supplies
 - (2) Orthotic and prosthetic devices
 - (3) Durable medical equipment

- ◆ Level I of the HCPCS is comprised of CPT
- ◆ Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes
- ◆ HCPCS is available on the CMS website at:
<http://www.cms.hhs.gov/MedHCPCSGenInfo/>

- ◆ CPT is a code set of medical services and procedures maintained by the AMA
- ◆ Used for billing services in office, outpatient, and ambulatory areas
- ◆ Information on code requests and maintenance schedule available on the AMA website at: <http://www.ama-assn.org/ama/pub/category/3113.html>

- ◆ NCPDP Reject Codes (may be referred to as Reject/Payment Codes)
 - The list of rejection codes that are used in claims and other pharmacy processing functions.
 - Available through NCPDP (www.ncpdp.org) available membership.
 - Contained in the NCPDP *External Code List* documents.
- ◆ Health Care Provider Taxonomy Code Set
 - Listing of providers maintained by the NUCC
 - Codes are used in HIPAA transactions and the NPI application
 - Code request form and information available on NUCC website at: www.nucc.org
 - Email address for submitting code requests and questions: taxonomy@nucc.org

- ◆ Claim Adjustment Reason Codes (CARC)
- ◆ Remittance Advice Remark Codes (RARC)
- ◆ Health Care Services Review Decision Reason Codes (278 Dec Codes)
- ◆ Health Care Service Type Codes (Serv Types)
- ◆ Claim Status Codes
- ◆ Claim Status Category Codes
- ◆ Requests for changes to the above code sets are submitted at:
www.wpc-edi.com

- ◆ UB-04 Code Set (various codes for institutional claims – [*see details*](#))
www.nubc.org
- ◆ Place of Service codes requests are submitted to CMS at:
<https://www.cms.gov/place-of-service-codes/>

What happens after I submit a change request to the DSMO?

DSMO Process (High Level)

- ◆ For a detailed process overview, including diagrams, please see the “Overview” link on the DSMO website
 - <http://www.hipaa-dsmo.org/Overview.asp>
- 1. The submitted Change Request becomes part of a monthly batch to be processed.
- 2. At the beginning of the next month, each DSMO member opt-ins on requests in this monthly batch of which their organizations have knowledge or interest.
- 3. Each DSMO opts-in member has a timeframe to review the request with their organization, obtain information from the submitter, discuss within their organizations, and create a recommendation.
- 4. The DSMO discuss each recommendation and categorizes the Change Request (e.g. modification, maintenance, no change, etc). See the Overview link, page 6 for a complete list.
- 5. The submitter is notified the DSMO recommendation has been posted on the website.
- 6. Of note, there is an appeal process for the submitter.
- 7. The Change Request is then archived on the website and is available for viewing.

I think I need something added or changed in an existing operating rule. The request must be submitted to the operating rule authoring entity.

What's an Operating Rule?

“(9) OPERATING RULES.—The term ‘operating rules’ means the necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications as adopted for purposes of this part.” (Affordable Care Act)

Points from HHS rulemaking on definition and scope of operating rules:

- ◆ Recognizes that standards and operating rules are distinct yet complementary tools in administrative simplification.
- ◆ Confirms that operating rules “may have a very broad scope” and that they “fill gaps” related to data content, infrastructure, connectivity and transportation of information, security and authentication, business scenarios, and expected responses. 76 Fed. Reg. 40459–40462.
- ◆ Recognizes that business rules and guidelines may already be present in the implementation specifications, while emphasizing that operating rules may cover matters not already defined in the implementation specifications.

- ◆ Operating rules do not “fix” or correct implementation specifications. Only an update to the standard through the regulatory process can make corrections to the standards.
- ◆ Operating rules do not “fix” or correct an implementation specifications in the interim between regulatory cycles.
- ◆ Operating rules, like implementation specifications, cannot be updated for industry use between regulatory cycles – the version named in regulations, is the compliant version.
- ◆ Operating rules and implementation specifications are complementary.
- ◆ Operating rules are to be developed by a qualified non-profit entity that meets specified requirements under the Affordable Care Act, including a consensus-based process guided by a set of public principles and an open, transparent voting procedure.

- ◆ Committee on Operating Rules for Information Exchange (CORE)

- ◆ CAQH CORE was established in 2005 as a multi-stakeholder initiative of the Council for Affordable Quality Health Care (CAQH), a non-profit alliance focused on administrative simplification in healthcare.
- ◆ CORE develops and maintains operating rules that enhance interoperability between trading partners.
- ◆ CAQH CORE Operating Rules support a range of existing healthcare and industry neutral standards to make electronic data transactions more predictable and consistent, regardless of the technology.
- ◆ The CAQH CORE process centers on an integrated model consisting of: rule development, voluntary testing and certification, and measures tracking/outreach.
- ◆ Named as the operating rules authoring entity for:
 - Eligibility and Claim Status
- ◆ For more information about CAQH CORE, or the CAQH CORE Operating Rules, email CORE@caqh.org or visit www.caqh.org/CORE_overview.php

Requesting Enhancements to CORE Operating Rules

- ◆ To submit a request for changing an operating rule, or ask a question to CORE about an operating rule, please email CORE@caqh.org
- ◆ Under CORE's consensus-based process, rule changes, should they occur, are categorized as major (e.g., additional requirements) or minor (e.g., changes due to a typo or grammatical error). Major changes occur only after the CORE Participants approve, by vote, such modifications.
- ◆ Generally, CORE rules will not be amended between CORE rule versions unless government regulations are issued that impact the rules or problems arise upon implementation which need to be addressed
- ◆ CORE Participation is open to any interested stakeholder, including health plans, providers, technology companies, government entities, trade associations, vendors and standard-setting organizations
 - To become a CORE participant, visit www.caqh.org

[Back to Sections of this Presentation](#)

*What if I have a question regarding the
healthcare EFT standard?*

- ◆ www.nacha.org
- ◆ Manages the development, administration, and governance of the ACH Network, which is the backbone for the electronic movement of money and data, through the development of standards and operating rules
- ◆ NACHA's role includes helping to “translate” healthcare requirements for banking entities, and vice versa, so that both industries can help each other adopt more consistent, efficient administrative solutions in the area of EFT and ERA.

Asking a Question to NACHA

- ◆ Although NACHA – The Electronic Payments Association is not a part of the DSMO process nor its website, NACHA does maintain the CCD+ standard for the Healthcare EFT as a standards organization.
- ◆ The CCD+ standard is the standard that defines how plans/payers pay providers by using the ACH Network – it is a “business to business” electronic funds transaction used by many industries, in addition to healthcare.
- ◆ A wealth of information on the ACH Network and EFT for Healthcare can be found on the NACHA website. There is a microsite entitled “Healthcare Payments Resources,” which can be found at:
<http://healthcare.nacha.org/>
- ◆ The microsite includes information on NACHA’s role, links to resources and research, and information specifically designed to help healthcare entities understand EFT. Questions can be directed to NACHA at:
info@nacha.org

Thank you for your interest in the process to request a change/enhancement to a HIPAA-named standard, code set, or operating rule.