

CMS-0032-IFC Notice to Industry Wednesday, December 7, 2011

On July 8, 2011, the Department of Health and Human Services (HHS) published in the Federal Register CMS-0032-IFC, an interim final rule with comment period (IFC), adopting operating rules for two electronic health care transactions under the Health Insurance Portability and Affordability Act of 1996 (HIPAA): the eligibility for a health plan and health care claim status transactions. These operating rules are authored by the Council for Affordable Quality Health Care - Committee on Operating Rules for Information Exchange (CAQH CORE). The IFC can be viewed from the link in the Related Links section.

We stated in the IFC that if we received comments that compelled us to change any of the policies in the IFC, we would seek to finalize such changes by January 2012 to allow industry sufficient time to prepare for compliance. After careful review and consideration of all the comments, we have decided not to change any of the policies established in CMS-0032-IFC. We emphasize that CMS-0032-IFC is a final rule that is in effect now, which means industry implementation efforts should be underway for the January 1, 2013 compliance date.

We also reiterate, as discussed in the IFC, that we do not require compliance with certain rules within the full set of operating rules for eligibility and claim status transactions. Specifically, we do not require covered entities to comply with the CORE requirements for use of the acknowledgment standards, and we do not require covered entities to secure CORE certification or comply with any of the CORE certification policies. Any references in the adopted CORE operating rules that pertain to CORE certification and use of the acknowledgement standards may be accommodated voluntarily by covered entities and between willing trading partners, but are not required under HIPAA, nor subject to HIPAA enforcement actions.

For free copies of the operating rules for eligibility and health claim status transactions, visit the CAQH website at <http://www.caqh.org/>

Covered entities must comply with this first set of operating rules by January 1, 2013. However, there are no prohibitions from using the operating rules before that date. In fact, the Secretary of Health and Human Services (HHS) encourages entities to use the operating rules with willing trading partners, because of the benefits and efficiencies that can be enjoyed by both health plans and providers. The Secretary also encourages stakeholders to be involved in the development of new operating rules for the remainder of the standards, and to participate in related efforts by many other organizations; a list of relevant organizations is in the Related Links section.