

Draft CORE Benefit Enrollment and Maintenance (X12 005010X220 834) Operating Rules

- [NEW Draft CORE Benefit Enrollment and Maintenance \(834\) Data Content Rule](#)
- [UPDATED Draft CORE Benefit Enrollment and Maintenance \(834\) Infrastructure Rule](#)
- [UPDATED Draft CORE Benefit Enrollment and Maintenance \(834\) Certification Test Scenarios](#)

Draft CORE Attributed Patient Roster (X12 005010X318 834) Operating Rules

- [UPDATED Draft CORE Attributed Patient Roster \(834\) Data Content Rule](#)
- [UPDATED Draft CORE Attributed Patient Roster \(834\) Infrastructure Rule](#)
- [UPDATED Draft CORE Attributed Patient Roster \(834\) Certification Test Scenarios](#)

Draft CORE Framework for Semantic Interoperability in Value-based Payments

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Spotlight: Draft CORE Value-based Payment Operating Rules Scope and Requirements			
	Draft CORE Benefit Enrollment and Maintenance Operating Rules	Draft CORE Attributed Patient Roster Operating Rules	Draft CORE Framework for Semantic Interoperability in Value-based Payments
In-scope	X12 Submission Methods <ul style="list-style-type: none"> ▪ X12 005010X220 834 Benefit Enrollment and Maintenance Transaction (HIPAA-mandated). 	X12 Submission Methods <ul style="list-style-type: none"> ▪ X12 005010X318 Plan Member Reporting Transaction. 	Uniform definitions for <u>concepts and terminology</u> used in the administration of value-based payment programs.
	X12 Submission Methods (X220 & X318) <ul style="list-style-type: none"> ▪ X12 005010X290 999 Functional Acknowledgment 		
Data Content Requirements	Non-X12 Information and Exchange Requirements <ul style="list-style-type: none"> ▪ Development and sharing of disclosure language to support member informed consent in sharing sensitive socio-demographic information. 		Aligns disparate industry sources into a single, generalizable definition that can be used as a resource for CORE Operating Rules and for external industry initiatives. The Framework is included as a reference in this set of new and updated operating rules.
	Standardized, informed collection of member socio-demographic information at enrollment, renewal, and maintenance. <ul style="list-style-type: none"> ▪ Required that health plans and their agents to collect and process member socio-demographic information or their choice not to share: <ul style="list-style-type: none"> ○ Race and Ethnicity (required) ○ Member Language (required) ○ Gender Identity (discretionary) 	Incorporation of requirements from CORE Benefit Enrollment and Maintenance Data Content Rule into attributed member roster. <ul style="list-style-type: none"> ▪ Required inclusion of race and ethnicity, member language, and gender identity (<i>when</i> collected) for each member included on an attributed roster distributed monthly to providers participating in value-based contracts. 	
Infrastructure Requirements	Support of member choice and informed consent. <ul style="list-style-type: none"> ▪ Required development of language disclosing collection and use of socio-demographic information. ▪ Required implementation of consent-to-share process. 		
	Strengthened visibility of disclosure language and consent processes. <ul style="list-style-type: none"> ▪ Required inclusion of disclosure language generated into the transaction-specific companion guide, setting common expectations for where it is found. 	Maintains technical infrastructure requirements from version 1 of the CORE Benefit Enrollment and Maintenance (834) Infrastructure Rule.	Aligns existing CORE Attributed Patient Roster (834) Infrastructure Rule with EDI principles and best practices. <ul style="list-style-type: none"> ▪ Required batch processing mode response time requirements (3 business days) ▪ Discretionary requirements for real-time processing mode (20 seconds).

Punchline: Mandatory and discretionary requirements that promote the comprehensive, standardized collection of member socio-demographic information, advancing health equity and the incorporation of social-determinants of health into value-based payment methodologies.