CORE® Certification and Testing: A Step-by-Step Overview

Thursday, February 17, 2011 2:00 pm – 3:00 pm ET

Featured Presenter:
Rhonda Starkey
Harvard Pilgrim Health Care
Manager, Provider eBusiness Operations
Discussion Topics

- Learning Objectives
- Background – CORE® Operating Rules
- CORE Certification and Testing
  - A Step-by-Step Process
  - Harvard Pilgrim Health Care Certification Experience
  - Live Certification Testing Demonstration
- Questions & Answers
Learning Objectives

• Review the benefits to the healthcare industry when administrative operating rules work in unison with standards
• Learn more about how CAQH® CORE-certified organizations are gaining value for their progress in this area
• Identify key steps necessary to successfully complete CORE Certification and Testing
• Gain insight and lessons learned about the CORE Certification and Testing process from Harvard Pilgrim Health Care, a CORE-certified entity
• Discover the CORE Certification and Testing process through a live demonstration from Edifecs, a CORE-authorized testing vendor
Polling Question #1

1. Choose the following that best describes your organization
   a) Health plan/payer
   b) Healthcare provider
   c) Clearinghouse or other intermediary (e.g., HIE)
   d) Vendor (with provider or health plan product)
   e) Other (e.g., an association, a non-healthcare company)
An Introduction to CAQH and CORE

• CAQH, an unprecedented nonprofit alliance of health plans and trade associations, is a catalyst for industry collaboration on initiatives that simplify healthcare administration for health plans and providers, resulting in a better care experience for patients and caregivers

• CAQH Solutions:
  – Help promote quality interactions between plans, providers and other stakeholders
  – Reduce costs and frustrations associated with healthcare administration
  – Facilitate administrative healthcare information exchange
  – Encourage administrative and clinical data integration

• Current Initiatives:
  – CORE – Committee on Operating Rules for Information Exchange
  – UPD® – Universal Provider Datasource
Committee on Operating Rules for Information Exchange
A CAQH Initiative
Committee on Operating Rules for Information Exchange

• CORE is a multi-stakeholder collaboration developing industry-wide operating rules, built on existing standards, to streamline administrative transactions
  – 120+ participants: Over 75% of the commercially insured, Medicare and some Medicaid plans participate, plus a wide range of providers, vendors, associations, standard organizations, etc.

• Mission: To build consensus among healthcare industry stakeholders on a set of operating rules that facilitate administrative interoperability between health plans and providers
  – Enable providers to submit transactions from the system of their choice (vendor agnostic) and quickly receive a standardized response
  – Enable stakeholders to implement CORE phases as their systems allow
  – Facilitate stakeholder commitment to CORE’s long-term vision
  – Facilitate administrative and clinical data integration

• CORE is not:
  – Replicating the work being done by standard-setting bodies, e.g., ASC X12, HL7
  – Developing software or building a database
CORE Rules Development

**CORE Phase I**
- Approved
- Implemented

CORE’s first set of rules are helping:
- Electronically confirm patient benefit coverage and co-pay, coinsurance and base deductible information
- Provide timely and consistent access to this information in real-time (i.e., infrastructure rules – e.g., response time, connectivity safe harbor, companion guide)

**CORE Phase II**
- Approved
- Implemented

CORE’s second set of rules expand on Phase I to include:
- Patient accumulators (remaining deductible)
- Rules to help improve patient matching
- Claim status transaction “infrastructure” requirements (e.g., claim status response time)
- More prescriptive connectivity requirements (e.g., digital certificates)

**CORE Phase III**
- In development

CORE’s third set of rules focus on:
- Claim status data content requirements (276/277)
- Claim Payment/Advice (835), Prior Authorization/Referral (278) infrastructure requirements
- 277 Claim Acknowledgement for Health Care Claims (837)
- Standard Health Benefit/Insurance ID Card
- More prescriptive connectivity requirements
- Additional eligibility financials

**Note:** All CORE Rules, Policies, and Test Suites are developed and approved by CORE Participants.
Favorable outcomes were quickly realized by stakeholders adopting CORE® Phase I Operating Rules. A CORE® Phase II Study is getting underway.

**CORE Phase I - Measures of Success**

<table>
<thead>
<tr>
<th>Health Plan Payback</th>
<th>Decrease in telephone verifications as a % of total verifications; est. savings 2.7M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Time Spent on Eligibility Verification</td>
<td>24% increase in patients verified; est. savings $2.60 per verification (7 min/patient reduction)</td>
</tr>
<tr>
<td>Provider Claim Denials Rates</td>
<td>10-12% decrease</td>
</tr>
<tr>
<td>Clearinghouse time to implement a connection with a CORE vs. non-CORE certified health plan</td>
<td>1 week vs. 6-12 weeks</td>
</tr>
</tbody>
</table>

**CORE Phase II - Measures of Success In Progress**

Organizations who are pursuing CORE® Phase II Certification are invited to participate in an implementation cost/effort and impact (ROI) study. CAQH consultants will provide a standard measurement protocol plus two data collection templates.

Please contact Gwendolyn Lohse at glohse@caqh.org if interested.

*Results reported by early CORE-certified entities which included 6 national and regional health plans (33 million members), 5 clearinghouses/vendors and 6 providers (hospitals, physician groups and surgery center.*
CORE: Voluntary Operating Rule Development and Implementation Approach

REMINDER: CORE rules are a baseline; entities are encouraged to go beyond the minimum CORE requirements.
ACA Section 1104: *Mandated* Operating Rule Approach

Operating rule writing and mandated implementation as addressed by ACA Section 1104

**Rule adoption deadlines**

- **July 2011**: Eligibility and Claims Status
- **July 2012**: Claims remittance/payment and electronic funds transfer (plus health plan ID)
- **July 2014**: Enrollment, Referral authorization, attachments, etc.

**Effective Dates**

- Jan 2013
- Jan 2014
- Jan 2016

**Notes:**
1. *Red italicized font* indicates that CORE Phases I–III has placed a focus on these areas. Scope/definition of the Federal regulation is TBD but NCVHS has recommended CORE Phase I and II, with enhancements.
2. Documentation of compliance will be identified by Federal regulation and is to include completion of end-to-end testing (i.e., certification and testing).
Section 1104: Current Milestones of Eligibility & Claim Status

**July 2010: NCVHS Hearings** on Qualified Nonprofit Entities for Mandated Operating Rule Development

**Sept. 30, 2010: NCVHS Recommendation** to HHS on Qualified Nonprofit Entities and Rules

**Dec. 3, 2010: Update to NCVHS CORE Phase I and II enhancements (draft CORE Phase III and state rules)**

**Mid 2011: Draft rules issued by CMS for comment** (Note: final rules need to be approved by July 2011)

**Status**

- Two non-profit candidates recommended by NCVHS to fill rule development role:
  1. CAQH CORE for non-pharmacy.
  2. National Council for Prescription Drug Programs (NCPDP) for pharmacy.

- CORE Phase I and II rules recommended by the NCVHS as base for 1st rule set; CORE working with industry to determine what else could be added in short timeframe, e.g. state requirements, draft CORE Phase III rules.

- Expectation that key goals expressed at hearings will move forward, e.g.
  - Voting on operating rules must continue to be transparent and multi-stakeholder.
  - Desire of providers to have shared governance of operating rule entity.
  - This remains an unfunded mandate, and an “adjusted” CAQH CORE would need to transition over a period of time.
  - Mandated rules are one part of process.
CORE Certification and Testing
Each Phase consists of a “set” of individual rules specifying data content and infrastructure requirements.

Individual Test Suites for Phase I and II contains rule conformance language and test scripts.

Specific to each rule in a Phase and serves to outline the rule requirements to be tested. (Reminder: CORE testing is not exhaustive.)

Specific to each rule in a Phase and are applicable by stakeholder type (i.e., provider, vendor, clearinghouse, health plan)

Utilized for testing data content rules only.
Step 1: Test Planning & System Evaluation

Why: CORE-certified entities who conduct upfront evaluation, planning, and completion of necessary system upgrades prior to testing experience success.

<table>
<thead>
<tr>
<th>Components</th>
<th>Key Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Obtain and review the Rules and Policies</td>
<td>▪ Publicly available for free at <a href="http://www.caqh.org">www.caqh.org</a></td>
</tr>
</tbody>
</table>
| b) Planning and analysis                      | ▪ CAQH CORE staff available to assist your internal team  
▪ Two worksheets available: [CORE Readiness](https://www.caqh.org/core-readiness) (to determine applicability of each rule to stakeholder-type) and detailed [CORE Gap Analysis](https://www.caqh.org/core-gap-analysis) spreadsheet (assess current capabilities and determine what system areas may require remediation) |
| c) Create a project plan                      | ▪ Treat like any other project with dedicated resources                                                                                |
| d) Consider potential exemptions (health plans) | ▪ If qualified for exemption, obtain and complete the [Health Plan IT Exemption Request Form](https://www.caqh.org/health-plan-it-exemption-request-form).  
▪ The 12-month Health Plan IT System Exemption period will begin on the day that the health plan granted an exemption is granted its CORE Seal. |
| e) Determine when ready to sign CORE Pledge   | ▪ 180-days to complete testing once CORE Pledge submitted                                                                             |
# Step 2: The Pledge – Making a Commitment

Why: The CORE Pledge signifies to the industry an organization’s commitment to implement the CORE rules.

<table>
<thead>
<tr>
<th>Components</th>
<th>Key Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Sign the appropriate CORE Pledge (Phase I or Phase II)</td>
<td>▪ CORE pledge must be signed by an authorized executive-level employee</td>
</tr>
<tr>
<td>b) Submit the signed CORE Pledge to CAQH</td>
<td>▪ Given 180-day window to complete testing from date pledge is signed; ensure this can be met prior to submitting pledge</td>
</tr>
</tbody>
</table>
Step 3: Testing

Why: Testing with a defined CORE Test Suite (containing test scripts) along with CORE Master Test Bed Data allows a uniform method for authorized testing vendors to measure the degree to which CORE requirements are met.

<table>
<thead>
<tr>
<th>Components</th>
<th>Key Points</th>
</tr>
</thead>
</table>
| **a) Testing** | - Schedule CORE certification testing with your selected CORE-authorized testing vendor  
- Complete CORE certification testing within the 180-day pledge window |
| **Test Suite** | - Certification test scripts specific to stakeholder-type: providers, health plans, clearinghouses, and vendors  
- Real time requirement transaction processing is required; batch processing must be tested if it is supported  
- CORE Master Test Bed Data is used to test the Eligibility and Benefits 270/271 Data Content Rule  
- CORE certification testing is a conformance test and as such is not exhaustive |
| **b) Post-Testing** | - Remediate all systems/software issues identified by the CORE-authorized testing entity testing completion results and, if necessary, repeat the certification testing |
Step 4: Apply for Your CORE Certification Seal

Why: The CORE Certification Seal provides public recognition of your organization’s commitment to apply CORE operating rules with trading partners in order to further administrative simplification.

<table>
<thead>
<tr>
<th>Components</th>
<th>Key Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Determine CORE Seal application fee</td>
<td>▪ One time fee (per certification, per Phase) varies by stakeholder (6K or less); refer to the CORE Seal Application form (<a href="#">Phase I</a> or <a href="#">Phase II</a>)</td>
</tr>
<tr>
<td>b) Package the completed CORE Seal Application form and required paperwork</td>
<td>▪ Successful testing results from a CORE-authorized testing vendor</td>
</tr>
<tr>
<td></td>
<td>▪ HIPAA Attestation Form for the appropriate phase(s) (<a href="#">Phase I</a> or <a href="#">Phase II</a>)</td>
</tr>
<tr>
<td></td>
<td>▪ If applicable, a Health Plan IT Exemption Request Form</td>
</tr>
<tr>
<td>c) Submit the CORE Seal Application package with a check for the</td>
<td>▪ Upon receiving a CORE Seal Application form, CORE will have 30 business days to complete its assessment of the application</td>
</tr>
<tr>
<td>appropriate CORE Seal fee to CORE</td>
<td></td>
</tr>
</tbody>
</table>
Become a CORE Endorser

Why: The CORE Endorser* Seal demonstrates your organizations support for CORE operating rules as well as those organizations who are working to achieve administrative simplification in healthcare.

<table>
<thead>
<tr>
<th>Components</th>
<th>Key Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Sign the appropriate CORE Pledge (Phase I or Phase II)</td>
<td>▪ CORE pledge must be signed by an authorized executive-level employee</td>
</tr>
<tr>
<td>b) Submit the signed CORE Pledge to CAQH</td>
<td>▪ Must apply for Seal for each Phase</td>
</tr>
<tr>
<td></td>
<td>▪ There is no fee</td>
</tr>
<tr>
<td></td>
<td>▪ Endorser Seal is for organizations that do not transmit/exchange data (i.e., eligibility, claims status) as part of daily business</td>
</tr>
</tbody>
</table>

*A business organization that does not use, create or transmit eligibility and/or claims status data
Polling Question #2

2. Choose the status that best describes your organization
   a) Phase I or II CORE-certified (270/271, 276/277 implementers)
   b) Phase I or II Endorser (Non-implementers, e.g. association)
   c) Neither CORE-certified or Endorser, but considering it
   d) Not considering CORE Certification or Endorsement right now
CORE Certification and Testing Experience: Harvard Pilgrim Health Care
Harvard Pilgrim Health Care Overview

#1 Private health plan in America for the seventh consecutive year according to an annual ranking of the nation's best health plans by the National Committee for Quality Assurance (NCQA)

- Tops the nation for member satisfaction and quality of care
- Not-for-profit health plan, based in Wellesley, MA
  - 1100 employees across 7 locations
  - Over one million members primarily in MA, NH, ME
  - Full range of health insurance choices, funding arrangements, and cost-sharing options
- Completed Phase I and II CORE certification testing concurrently; Phase I and II CORE-certified
The Harvard Pilgrim Health Care Experience

Measurable improvement in the patient and provider experience

- Reduced claim rejections and denials related to eligibility (~35% reduction)
- Improved the efficiency of trading partner interactions
  - Three trading partners now live with CORE Connectivity – all had reduced turn around time
  - Record 15 business day turn-around setting up a CORE-certified vendor; 40 - 60 business days for 270 or 276 with other trading partners (1/4 to 1/3 reduction)
- Monthly tracking by national application service vendor Harvard Pilgrim eligibility accuracy greater than aggregated national commercial rate (Note: Based on application vendor data; CORE rules do not guarantee accuracy of information)
The Harvard Pilgrim Health Care Experience

Providers report increased satisfaction as interactions increased and information became more structured

- Availability of “more actionable information”
- Increase in “hits”; i.e., likelihood a patient is found in system, as result of AAA and last name normalization rules

CORE Rules implementation brought uniformity to non-required HIPAA and industry-neutral standards (e.g., SOAP+WSDL, acknowledgements) while aligning with HIPAA standards
Adoption of the CORE connectivity standard by payers, vendors and industry-wide initiatives is critical to making e-Health a reality

- Once a common foundation for connectivity is established, adoption and innovation will quickly drive widespread adoption of EHR’s, e-RX, regional data exchange, integrated payer-provider supply chains and eventually a true Nationwide Health Information Network (NHIN)
  - It is analogous to the SMTP standard for e-mail and HTML for the web
- Harvard Pilgrim efforts beyond payer-to-trading partner connectivity – convergence of clinical and administrative connectivity standards to enable community wide information exchange
  - Pilot with New England Healthcare Exchange Network (NEHEN), CAQH, Symantec and Harvard Pilgrim to prototype transport network for HIE in progress
    - Demonstrate a sustainable trust relationship for the safe and secure exchange of health information – i.e., the establishment of a trust community
    - Test the use of a common root certificate with multiple certificate issuers
  - Expected outcome: operationally improve the usability and management of digital certificates
Our Experience: Operational Results Over Time

• Increased adoption for CORE I & II focused transactions
  – 99% of eligibility and claims status inquiry e-transactions
  – 5 yr trend increase greater in transactions for which CORE rules have been implemented

<table>
<thead>
<tr>
<th>Transaction Trend Data</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>5 Year Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Million</td>
<td>12.5</td>
<td>14.6</td>
<td>14.4</td>
<td>18.1</td>
<td>21.8</td>
<td>9.4</td>
</tr>
<tr>
<td>% Change Y2Y</td>
<td>17%</td>
<td>-1%</td>
<td>26%</td>
<td>20%</td>
<td></td>
<td>74%</td>
</tr>
<tr>
<td>Rate/1000 Mem</td>
<td>1206</td>
<td>1547</td>
<td>1546</td>
<td>1933</td>
<td>2204</td>
<td></td>
</tr>
<tr>
<td>Claims Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Million</td>
<td>3.1</td>
<td>3.4</td>
<td>3.6</td>
<td>4.0</td>
<td>4.7</td>
<td>1.6</td>
</tr>
<tr>
<td>% Change Y2Y</td>
<td>10%</td>
<td>6%</td>
<td>11%</td>
<td>18%</td>
<td></td>
<td>52%</td>
</tr>
<tr>
<td>Rate/1000 Mem</td>
<td>299</td>
<td>365</td>
<td>384</td>
<td>426</td>
<td>470</td>
<td></td>
</tr>
<tr>
<td>Claims Submission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Million</td>
<td>7.3</td>
<td>8.1</td>
<td>8.5</td>
<td>9.0</td>
<td>9.4</td>
<td>2.0</td>
</tr>
<tr>
<td>% Change Y2Y</td>
<td>11%</td>
<td>5%</td>
<td>6%</td>
<td>4%</td>
<td></td>
<td>29%</td>
</tr>
<tr>
<td>ERA</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td># Million</td>
<td>6.0</td>
<td>5.9</td>
<td>6.4</td>
<td>6.9</td>
<td>7.9</td>
<td>1.9</td>
</tr>
<tr>
<td>% Change Y2Y</td>
<td>-2%</td>
<td>8%</td>
<td>8%</td>
<td>14%</td>
<td></td>
<td>32%</td>
</tr>
<tr>
<td>Referral/Authorization</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td># Thousand</td>
<td>70</td>
<td>73</td>
<td>85</td>
<td>95</td>
<td>110</td>
<td>40</td>
</tr>
<tr>
<td>% Change Y2Y</td>
<td>4%</td>
<td>16%</td>
<td>12%</td>
<td>16%</td>
<td></td>
<td>57%</td>
</tr>
</tbody>
</table>
Our Experience: CORE Testing and Lessons Learned

• Overall
  – Edifecs and CORE support is valuable; assign key contact/coordinator and hold regularly scheduled joint calls for the duration of testing
  – Test script sequence planning; tasks (i.e., test scripts) to be performed are clearly laid out and do not have to be completed in order
  – Take advantage of detailed testing reports and task status notifications to ensure work remains on track

• Lessons Learned
  – Consider early on the loading of CORE Master Test Bed Data; necessary for testing eligibility
    • Every tester should focus on how to accomplish loading the dummy data given every system/environment is unique
    • Harvard Pilgrim was able to cross-walk the data into the test files sent by Edifecs, rather than building products and test members in test environment

• Track and communicate issues to Edifecs and CORE for quality improvement
  – Error reporting improved based on Harvard Pilgrim’s testing experience; codes/messages once only available to Edifecs made available to end users as result of experience
CORE Certification and Testing:
Live Certification Testing Demonstration
Edifecs
## Edifecs Introduction
### Company Overview

<table>
<thead>
<tr>
<th>What We Do</th>
<th>Customer Momentum</th>
<th>Company Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Modernize front-end information exchange infrastructure</td>
<td>• 44 Blue plans out of total 64 covering 36 states and DC</td>
<td>• Founded in 1996 (15 years), headquartered in Bellevue, WA.</td>
</tr>
<tr>
<td>• Edifecs products streamline the processing and exchange of transactions in real-time at the edge-of-the-enterprise</td>
<td>• 35 of the largest commercial plans</td>
<td>• 114% Growth Rate (2007-2009)</td>
</tr>
<tr>
<td>• Help healthcare organizations drive down administrative costs and achieve regulatory compliance</td>
<td>• 71 of the largest healthcare providers</td>
<td>• 50%+ Annual Growth Rate (2010)</td>
</tr>
<tr>
<td></td>
<td>• 26 state Medicaids out of 50</td>
<td>• Employee-owned (no outside investors), Debt-free, Profitable.</td>
</tr>
</tbody>
</table>

- Founded in 1996 (15 years), headquartered in Bellevue, WA.
- 114% Growth Rate (2007-2009)
- 50%+ Annual Growth Rate (2010)
- Employee-owned (no outside investors), Debt-free, Profitable.
- 250+ Worldwide Associates with more than 100 dedicated to engineering
- Seasoned Leadership Team, executive experience at Microsoft, Hewlett Packard, Oracle, GE Healthcare, Wipro, and other leading technology companies.

100 Fastest Growing Companies in WA
Inc. 5000 fastest-growing private companies in the US
100 Best Places to work for in WA

simplifying healthcare administration

CAQH
Demo Storyline

- Healthy Life Plan is a payer who is already Phase I CORE-certified and has recently pledged to become Phase II CORE-certified.

- As part of the CORE Certification Process, they must test all applicable CORE requirements and will do this using the CORE-authorized testing site on www.edifecs.com.

- Today’s demonstration will highlight the following points:
  - Registration of your organization
  - Selection of programs for testing
  - Test script examples including downloading files, uploading files and connectivity
  - How to resolve issues
  - Next steps after testing is complete

*Note: Contact CAQH CORE Staff to arrange a more detail demo*
How Edifecs Supports CORE

• Works directly with CORE in rules and test case scenario development
• Has a dedicated web access for CORE testing with the following features:
  – On-line enrollment which allows for identifying which CORE stakeholder type is enrolling for testing
    • (1) health plan, (2) product-specific vendors, (3) clearinghouses, (4) providers
  – Allow for on-line testing 24/7
  – Submission of CORE Certification paperwork
  – Reporting
  – Re-certification
  – Appeals process
  – Audits
  – Service Standards
• Has on-line and live support for quick issue resolution
Polling Question #3

3. As a result of this webinar, would you encourage your organization to consider
   a) Pursuing CORE-Certification or Endorsement
   b) Pursuing Phase II certification (we are Phase I certified)
   c) Not in a position to make a recommendation at this time
Question & Answer Session

This presentation will be made available at
http://www.caqh.org/CORE_Education_Events.php
Appendix:
Edifecs CORE Certification
Testing Portal Visuals
Edifecs Home Page
Click on Customer Community/Edifecs Compliance Online

Start here
Customer Community
Registration & Login Page

Email confirmation sent when registration is approved
Edifecs CORE Testing Portal
Home Page – Registration Complete

WELCOME TO THE EDIFEC CORE CAQH-CORE TESTING PORTAL

Congratulations! You have successfully enrolled into the Edifecs CORE testing system and are ready to begin certification testing. Edifecs is proud to have been selected by CAQH as an approved certification vendor and is offering this certification testing portal at no charge to you the CORE Stakeholder.

In preparation for testing please make sure that you have reviewed the CAQH Step-by-step CORE Certification Process information. This webpage will provide you with links to the necessary documents to complete the initial steps of CORE certification, as well as provide you a step-by-step review of the certification process. Please note that the primary document to begin the certification process is the CORE Pledge. You can begin testing without having signed the Pledge, but the Pledge must be signed and submitted prior to applying for the CORE seal. Also note that once you have signed the Pledge you will have 180 days to complete the certification testing required for your Stakeholder type. To begin testing please follow the simple outlined steps below.

1. **Download and Review the Edifecs CORE Testing Quick Start Guide.**

2. **Launch Quick Start Guide.**

3. Determine whether you are going to test Subscribers Only or Subscribers with Dependents.

   Some health plans, like CMS (Medicare), have systems where the patient is always the member or subscriber. In these cases there is no dependent separate from the patient. You may elect to test either Subscribers Only or Subscribers with Dependents, but are not required to test both. This is designed to accommodate health plans with systems where the patient is the member/subscriber as well as those where the patient may be either the member/subscriber or a dependent.

4. Make certain that you have the connectivity resources available.

   CORE Testing requires that 270 Eligibility Requests and 271 Eligibility Responses are transmitted to and received from the CORE testing site using the two envelope standards (HTTP Mime Multi-part and SOAP+WSDL). It is expected that as a CORE Stakeholder and testing entity that you have some knowledge of how the protocol works and have the resources to formulate the posts and communications required during the testing process. Edifecs will be more than happy to answer any questions related to testing. However, Edifecs will not perform the connectivity requirements on behalf of CORE testing stakeholders. Questions related to connectivity and your internal capabilities should be directed to internal IT staff, who should have the resources to assist CORE stakeholders in their connectivity testing.

5. **Click on the “Programs” tab at the top to access the testing programs that you have been enrolled in for CORE testing.**
Test scripts assigned based on the certification stakeholder-type (i.e., health plan, vendor, clearinghouse, provider)

Completion status (i.e., not started, pending, or completed) allows organization to easily track progress.
Thank You!

For more information, please contact 
marketing@edifecs.com or szlotkus@caqh.org

Rhonda Starkey  
Harvard Pilgrim Health Care  
Manager,  
Provider eBusiness Operations

Alison Schambach  
Edifecs  
Senior Healthcare Business Consultant

Steven Zlotkus  
CAQH  
Senior Analyst