Reality Check: Testing Mandate Readiness with Edifecs, A CAQH CORE-authorized testing vendor

Monday, July 30, 2012
2:00 pm to 3:30 pm ET

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CAQH CORE
Session Topics

• ACA Section 1104: Timeline and Compliance
  – Mandated Eligibility and Claim Status Operating Rules
• Voluntary CORE Certification Testing Demonstration
  – Voluntary CORE Certification Overview
  – Key Conformance Testing Rule Requirements
  – CORE Certification Test Suite
  – Edifecs CORE Certification Test Site
    • On-line Navigation
    • Test Case Execution
• CORE Certification Testing Resources
• Question & Answer
CAQH® and Its Initiatives

Multi-stakeholder collaboration of over 130 participating organizations that is developing industry-wide operating rules, built on existing standards, to streamline administrative transactions. CORE® participants maintain eligibility/benefits data for over 150 million lives, or approximately 75% of the commercially insured, plus Medicare and some Medicaid.

An industry utility that replaces multiple health plan paper processes for collecting provider data with a single, electronic, uniform data-collection system (i.e., credentialing). More than 1 million providers self-report their information to UPD and over 650 organizations access the system, including a range of public and private entities.

An objective industry forum for monitoring business efficiency in healthcare. Tracking progress and savings associated with adopting electronic solutions for administrative transactions across the industry.
Introduction to Edifecs

Corporate Background
- Founded in 1996 (16 years), headquartered in Bellevue, WA
- A CAQH CORE-authorized Certification Testing vendor since 2006
- Board member of the Managed Care Executive Group (MCEG)
- Actively involved in many industry workgroups such as WEDI, X12, HIMSS, and AHIP

What We Do
- Modernize front-end information exchange infrastructure
- Edifecs products streamline the processing and exchange of transactions in real time at the edge-of-the-enterprise
- Help healthcare organizations drive down administrative costs and achieve regulatory compliance

Customer Momentum
- 46 Blue plans out of total 64
- 47 commercial plans
- 71 providers
- 31 State Medicaids out of total 56

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100 Fastest Growing Companies in WA
Inc5000 fastest-growing private companies in the US
100 Best Places to work for in WA
Welcome

• Resource materials you should have for today’s call
  – Link for *Go To Meeting* Webinar to access Edifecs demo
  – Today’s presentation can be found on the CAQH website at
    http://www.caqh.org/CORE_Education_Events.php

• Resource materials AFTER the call
  – [Phase II CORE® Certification Test Suite](#)
  – [Phase I CORE® Certification Test Suite](#)
  – [CORE Users Quick Start Guide](#)
Committee on Operating Rules for Information Exchange

• Integrated Model
  – Rule writing, certification and testing, and outreach/education

• **Mission**: To build consensus among healthcare industry stakeholders on a set of operating rules that facilitate administrative interoperability between providers and health plans
  – Enable providers to submit transactions from the system of their choice (*vendor agnostic*) and quickly receive a standardized response
  – Enable stakeholders to implement in phases that encourage feasible progress in resolving industry business needs while minimizing barriers to adoption
  – Facilitate administrative and clinical data integration

• **CAQH CORE is not:**
  – Replicating the work being done by standard-setting bodies, e.g., ASC X12, HL7, OASIS, W3C
  – Developing software or building a database
CAQH CORE Integrated Model: Rule Writing, Certification and Testing

CAQH CORE rules and early CORE-certified implementers have achieved success via an integrated model that combines rule development with ROI measurement.

Includes research, scoping according to guiding principles, straw polls, voting, etc.
ACA Section 1104
Timeline and Compliance
Purpose of Operating Rules

• The Patient Protection and Affordable Care Act (ACA) defines operating rules as “the necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications”

• They address gaps in standards, help refine the infrastructure that supports electronic data exchange and recognize interdependencies among transactions; they do not duplicate standards
What are Healthcare Operating Rules?

- Current healthcare operating rules build upon a range of standards - healthcare specific (e.g. ASC X12) and industry neutral (e.g., OASIS, W3C) - and support alignment with the national HIT agenda
- Operating rules and standards work in unison
- Healthcare operating rules pair content and infrastructure rules to help data flow consistently in *varied settings and with various vendors*

<table>
<thead>
<tr>
<th>Examples of Topics that Healthcare Operating Rules Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data Content</strong></td>
</tr>
<tr>
<td><strong>Infrastructure</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
ACA Mandated Operating Rules Approach

Operating rule writing and mandated implementation timeframe per ACA legislation

Adoption deadlines to finalize operating rules

- **July 2011**: Eligibility and claim status
- **July 2012**: Claims payment/advice and electronic funds transfer
- **July 2014**: Enrollment, referral authorization, attachments, etc.

Compliance dates to implement operating rules

- **January 2013**: 2013
- **January 2014**: 2015, 2016
- **January 2016**: 2015, 2016

NOTES:

1. NCVHS is the body designated by HHS to make recommendations regarding the operating rule authors and the operating rules.
2. Statute defines relationship between operating rules and standards.
3. Operating rules apply to HIPAA covered entities; beyond HIPAA compliance penalties, certification penalties for health plans.
4. Per statute, documentation of compliance for health plans may include completion of end-to-end testing (i.e., certification and testing).
5. Statute states compliance with the applicable standard/operating rule is required no later than its effective date.
### ACA Federal Compliance Requirements: Highlights & Key Dates

Three dates are critical for industry implementation of the Federally mandated CAQH CORE Eligibility & Claim Status Operating Rules

*Note: There are two types of penalties related to compliance with the mandated operating rules*

<table>
<thead>
<tr>
<th>Key Area</th>
<th>January 1, 2013 Compliance Date</th>
<th>December 31, 2013 Health Plan Certification Date</th>
<th>No Later than April 1, 2014 Health Plan Penalty Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td><strong>HIPAA Mandated Implementation</strong></td>
<td><strong>ACA-required Health Plan Certification</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Who:</strong> All HIPAA covered entities</td>
<td><strong>Who:</strong> Health plans</td>
<td><strong>Who:</strong> Health plans</td>
<td></td>
</tr>
<tr>
<td><strong>Action:</strong> Implement CAQH CORE Eligibility &amp; Claim Status Operating Rules</td>
<td><strong>Action:</strong> File statement with HHS certifying that data and information systems are in compliance with the standards and operating rules</td>
<td><strong>Action:</strong> HHS will assess penalties against health plans that have failed to meet the ACA compliance requirements for certification and documentation</td>
<td></td>
</tr>
<tr>
<td>Applicable Penalties</td>
<td><strong>Amount:</strong> Due to HITECH, penalties for HIPAA non-compliance have increased, now up to $1.5 million per entity per year</td>
<td><strong>Amount:</strong> Fee amount equals $1 per covered life until certification is complete; penalties for failure to comply cannot exceed on an annual basis an amount equal to $20 per covered life or $40 per covered life for deliberate misrepresentation</td>
<td></td>
</tr>
</tbody>
</table>

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1. CMS OESS is the authority on the HIPAA and ACA Administrative Simplification provisions and requirements for compliance and enforcement. The CMS website provides information on the ACA compliance, certification, and penalties and enforcement process.

2. According to CMS, regulation detailing the health plan certification process is under development, and they will release details surrounding this process later this year; CAQH CORE will continue to offer its voluntary CORE Certification program and will share lessons learned with CMS as the Federal process is developed.

3. Covered life for which the plan's data systems are not in compliance; shall be imposed for each day the plan is not in compliance.
Mandated Eligibility and Claim Status Operating Rules
Mandated Eligibility & Claim Status Operating Rules: Five Months Until Compliance Deadline

• **Status:** The first set of operating rules have been adopted into Federal regulation
  – July 2011, CMS published [CMS-0032-IFC](#) with the following key features:
    • Adopted Phase I and II CAQH CORE Operating Rules for the Eligibility & Claim Status transactions, *except for rule requirements pertaining to Acknowledgements* *
    • Highlights CORE Certification is *voluntary*; further defines relationship between standards and operating rules and analysis of ROI from operating rules implementation
  – December 2011, CMS adopted above as a Final Rule; industry implementation efforts underway for the *January 1, 2013 effective date*
    • CAQH CORE is committed to assisting with roll-out of the Final Rule and continuing to support maintenance of the rules, e.g., coordinating with CMS on FAQs, and hosting education sessions
• **ACA Section 1104 requires all HIPAA covered entities** be compliant with applicable HIPAA standards and associated operating rules

The complete set of CAQH CORE Eligibility & Claim Status Operating Rules are available free of charge [HERE](#).

*On September 22, 2011, NCVHS issued a [letter](#) recommending Acknowledgements be adopted as formally recognized standards and the CAQH CORE Operating Rules for these standards also be recognized.*
## Mandated Eligibility & Claim Status Operating Rules: Requirements Scope for HIPAA covered entities

<table>
<thead>
<tr>
<th>Rules</th>
<th>High-Level Phase I &amp; II CAQH CORE Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data Content</strong></td>
<td>Respond to generic and explicit inquiries for a defined set of 50+ high volume services with:</td>
</tr>
</tbody>
</table>
| **Eligibility & Benefits** | • Health plan name and coverage dates  
• Static financials (co-pay, co-insurance, base deductibles)  
• Benefit-specific and base deductible for individual and family  
• In/Out of network variances  
• Remaining deductible amounts |
| **Infrastructure** | • Connectivity via Internet and aligned with NHIN direction, e.g., supports plug and play method (SOAP and digital certificates and clinical/administrative alignment)  
• Companion Guide – common flow/format  
• Real-time and batch turnaround times (e.g., 20 seconds or less for real time and next day for batch)  
• System Availability service levels – minimum 86% availability per calendar week  
• Eligibility/Benefits only: Enhanced Patient Identification and Error Reporting requirements  
• Acknowledgements (transactional)* |

*NOTE: In the Final Rule for Administrative Simplification: Adoption of Operating Rules for Eligibility for a Health Plan and Health Care Claim Status Transaction, requirements pertaining to use of Acknowledgements are NOT included for adoption. Although HHS is not requiring compliance with any operating rule requirements related to Acknowledgements, the Final Rule does note “we are addressing the important role acknowledgements play in EDI by strongly encouraging the industry to implement the acknowledgement requirements in the CAQH CORE rules we are adopting herein.”

A PowerPoint overview of the Phase I & II CAQH CORE Rules is available [HERE](#); the complete rule sets are available [HERE](#).
CAQH CORE Eligibility & Claim Status Operating Rules were initially developed in two phases; for ease of use the rules are presented here by transaction addressed and rule type rather than by phase.

- **Rules Addressing the ASC X12 270/271 Eligibility & Benefits Transactions**
  - **Data Content Related Rules**
    - CAQH CORE 154 & 260: Eligibility & Benefits Data Content Rules
    - CAQH CORE 258: Normalizing Patient Last Name Rule for Eligibility
    - CAQH CORE 259: AAA Error Code Rule for Eligibility
  - **Infrastructure Related Rules**
    - CAQH CORE 150: Batch Acknowledgements Rule for Eligibility (999)*
    - CAQH CORE 151: Real Time Acknowledgements Rule for Eligibility (999)*
    - CAQH CORE 152: Companion Guide Rule
    - CAQH CORE 155: Batch Response Time Rule for Eligibility
    - CAQH CORE 156: Real Time Response Rule for Eligibility
    - CAQH CORE 157: System Availability Rule
    - CAQH CORE 153 & CAQH CORE 270: Connectivity Rules

- **Rules Addressing the ASC X12 276/277 Claim Status Transactions**
  - CAQH CORE 250: 276/277 Claim Status Infrastructure Rule*

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Implementing Mandated Operating Rules: The Importance of Trading Partner Collaboration

- HIPAA-covered entities work together to exchange transaction data in a variety of ways.
- Understand your electronic data flows associated with your administrative agreements.
- Vendors play a crucial role in enabling provider clients to realize the benefits of industry adoption of CAQH CORE Operating Rules; engage them.
  - Providers rely on their vendors/Practice Management System Vendors (PMS) to achieve their administrative cost saving goals and achieve end-to-end interoperability.
  - Health plans and clearinghouses work together in a variety of ways.
Trading Partner Relationships: 
*Health Plan Examples*

- The scope of a health plan’s implementation of mandated operating rules will depend upon the extent to which they work with clearinghouses, e.g.,
  - Health Plan A
    - Health plan implements CAQH CORE Operating Rules in their entirety
    - Health plan’s implementation is independent of any clearinghouse relationship
  - Health Plan B
    - Infrastructure and connectivity rules requirements outsourced to a clearinghouse
    - Both health plan and clearinghouse pursue implementation activities
    - Health plan-facing clearinghouse acts as a proxy for agreed upon functions
  - Health Plan C
    - Eligibility and benefit verification (and/or claim status) rules requirements outsourced to a clearinghouse, including data hosting
    - Clearinghouse supports Phase I and/or Phase II CAQH CORE Operating Rules in their entirety
    - Clearinghouse’s implementation is independent of its relationship to health plan
    - Health plan-facing clearinghouse acts as a proxy for agreed-upon functions
Polling Question #1: 
Audience Profile

Choose the stakeholder type that best describes your organization

– Healthcare provider
– Health plan/payer
– Clearinghouse/intermediary
– Product/Services vendor
– Other
Voluntary CORE Certification Testing Demonstration
Voluntary CORE Certification Testing: Overview

• **What:** Voluntary CORE Certification is stakeholder-specific and demonstrates that an applicant’s system(s) conform with CAQH CORE Operating Rules; a CORE Certification Seal is awarded to organizations that voluntarily complete CORE Certification Testing

• **Why:** Offers a mechanism to test an organization’s ability to exchange transaction data with trading partners in accordance with the operating rules
  – Process offers useful, accessible and relevant guidance in meeting obligations under the CAQH CORE Operating Rules
  – Encourages trading partners to work together on data flow and content needs
  – Promotes maximum ROI when all entities in data exchange are known to conform with the operating rules
  – Testing done on-line by authorized testing entity
  – Testing and CORE Certification is **free** for government entities

• **How:** Systems must be up-to-date and compliant with CAQH CORE Operating Rules *prior* to testing and standard test scripts are applied

• **Key Benefit:** Encourages trading partners to consider the *end-to-end process* of achieving administrative simplification
Voluntary CORE Certification Test Suites

- Per the CAQH CORE Operating Rules development process, for each CAQH CORE Rule Set, a voluntary CORE Certification Test Suite is developed specifying how entities can achieve voluntary CORE Certification on the rule set.

- The voluntary CORE Certification Test Suite includes:
  - Guidance to help stakeholders better understand the various types of stakeholders to which the Eligibility & Claim Status Operating Rules apply and how to determine when a specific detailed test script applies.
  - Key Rule Requirements
  - Conformance Testing Requirements
  - Test Scripts Assumptions
  - Detailed Step-By-Step Test Script

- CORE-authorized testing vendors
  - Apply to be authorized
  - CORE testing site alpha/beta tested
  - CORE participants ensure site matches Test Suite test scripts
Voluntary Phase I/Phase II CORE Certification Testing

• Follows Phase I and Phase II CORE Certification Test Suites including:
  – Guidance to help stakeholders better understand the various types of stakeholders to which the Eligibility & Claim Status Operating Rules apply
  – Key Rule Requirements
  – Conformance Testing Requirements
  – Detailed Step-By-Step Test Script

• Utilizes Edifecs Phase I and Phase II CORE Certification Testing Site
  – Test scripts are stakeholder specific and activated based upon user role selection
    • A complete list of all required test scripts are based upon your stakeholder role; the number of scripts varies by role
  – Allows user to satisfy multiple rule requirements through a single test script
  – Stakeholders can use site as much and as many times as they want and need
  – Can do combined testing for all Federally mandated operating rules for Eligibility and Claim Status
Voluntary CORE Certification: Demonstration Outline Objectives

- Provide an overview of key rule requirements for CAQH CORE Phase I and Phase II operating rules for Eligibility/Benefits and Claim Status Transactions
  - These include all the Federally mandated rules
- Illustrate conformance test requirements detailed in the voluntary Phase I/II CORE Certification Test Suites, their applicability by stakeholder type and how stakeholder specific test scripts are generated by the Edifecs CORE Certification Testing Site

<table>
<thead>
<tr>
<th>ROLES</th>
<th>Information Source</th>
<th>Information Requestor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health Plans or Clearinghouses</td>
<td>Providers, Clearinghouses or Vendors</td>
</tr>
<tr>
<td>Store eligibility, benefit and claim history data</td>
<td>Request eligibility, benefit and claim status data</td>
<td></td>
</tr>
<tr>
<td>Receive Eligibility and Benefit 270 Inquiries and provide 271 Responses</td>
<td>Send 270 Eligibility and Benefit Inquiries and receive 271 Responses</td>
<td></td>
</tr>
<tr>
<td>Receive Claim Status 276 Requests and provide 277 Responses</td>
<td>Send 276 Claim Status Requests and receive 277 Responses</td>
<td></td>
</tr>
</tbody>
</table>

- Navigate the Edifecs CORE Phase I/II Certification Test Site and execute Test Cases
  - Experience the look and feel of the testing site; view all test cases for an information source profile
  - Run three specific test scripts and view results
1. See how to navigate the Edifecs voluntary CORE Certification Testing Site by viewing how to generate CAQH CORE test scripts
   – Edifecs staff will show how four Federally mandated operating rules are tested
2. Conduct three “live” tests highlighting Federally mandated operating rules
   #1
   How an Information Source responds to an Eligibility Inquiry with an Eligibility Response when using the mandated Federal operating rule requirements regarding patient financial responsibility such as YTD deductible and Federally mandated operating rule requirements for Connectivity specific to SOAP+WSDL
   #2
   How an Information Source can test for the mandated operating rule requirements for a Companion Guide template; tests that the flow and format is consistent with the CAQH CORE Master Companion Guide Template
   #3
   How an Information Requester can test for the mandated operating rules for Real-time Response for Eligibility; test that entity can demonstrate conformance with the Real Time Response Time requirement of 20 seconds
# Mandated Eligibility & Claim Status Operating Rules: Categories of CAQH CORE Operating Rules

## CAQH CORE Eligibility & Claim Status Operating Rules Address:
All are within ACA-defined scope of operating rules and build on standards where appropriate

<table>
<thead>
<tr>
<th><strong>Data Content:</strong> Eligibility</th>
<th>Address Need to Drive Further Industry Value in v5010 Investment</th>
<th>More Robust Eligibility Verification Plus Financials</th>
<th>Enhanced Error Reporting and Patient Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infrastructure:</strong> Eligibility and Claim Status</td>
<td>Address Industry Needs for Common/Accessible Documentation</td>
<td>Companion Guides</td>
<td>System Availability</td>
</tr>
<tr>
<td>Address Industry-wide Goals for Architecture/Performance/Connectivity</td>
<td></td>
<td>Response Times</td>
<td>Acknowledgements*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Connectivity and Security</td>
<td></td>
</tr>
</tbody>
</table>

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Eligibility 270/271 & Claim Status 276/277: Infrastructure Operating Rules

Connectivity* Key Requirements

Entities must support HTTP/S 1.1 over the public Internet as a transport method for both batch and real-time eligibility inquiry and response transaction, and claim status; they must follow:

- Real-time and/or batch request submission and response pickup guidelines
- Security and authentication requirements
- Response message options and error notification
- Response time, time out parameters and re-transmission guidelines
- Prescriptive submitter authentication, envelope specifications, etc.
- Payload-agnostic, can use to send any type of data

For more detail, see CORE Rules 153, 250 and 270

Safe Harbor Key Requirements

Phase I & II CAQH CORE Connectivity Rules constitute a “Safe Harbor” rule which provides for a uniform method of exchanging administrative transaction data between health plan and provider—but other methods may be used. The rules:

- Apply to information sources performing the role of an HTTP/S server and information receivers performing the role of an HTTP/S client
- Apply to real-time transactions (and batch, if offered; batch NOT required)
- Do not require trading partners to remove existing connections that do not match the rule
- Include prescriptive submitter authentication, envelope specifications, etc., (SOAP and WSDL, Name/Password or X.509 Certificate)

For more detail, see CORE Rules 153, 250 and 270

*Specifically designed to align with key Federal efforts, e.g., NHIN.
Eligibility 270/271 & Claim Status 276/277: *Infrastructure Operating Rule Demo Test Script*

**Detailed Step-By-Step Test Script**

<table>
<thead>
<tr>
<th>Test #</th>
<th>Criteria</th>
<th>Expected Result</th>
<th>Actual Result</th>
<th>Pass/Fail</th>
<th>Stakeholder</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Real Time Connectivity Test Scripts</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Implement and enforce one of two Submitter Authentication standards on communications server (Key Rule Requirement #3 and #12)</td>
<td>Communications server accepts a valid logon by a client using Username/Password, which is embedded in the message envelope as specified in Phase II CORE Connectivity Rule</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Implement and enforce use of Username/Password over SSL on communications server (Key Rule Requirement #3 and #12)</td>
<td>Communications server accepts a valid logon by a client using Username/Password, which is embedded in the message envelope as specified in Phase II CORE Connectivity Rule</td>
<td>Pass</td>
<td>Fail</td>
<td>Provider</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Health Plan</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Clearinghouse</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>Vendor</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>1.2</td>
<td>Implement and enforce use of X.509 Certificate over SSL on communications server (Key Rule Requirement #3 and #12)</td>
<td>Communications server accepts a valid logon by a client using X.509 Certificate over SSL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>On the authenticated connection as per Test #1, implement capability to support both Message Envelope Standards and envelope metadata for Real Time as a communications server (Key Rule Requirement #1, #10 and #37)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

See [Phase II CORE Certification Test Suite](#). Each Rule requirement is provided in a numbered list.
Eligibility 270/271 Transaction: 
Data Content Operating Rules

CAQH CORE Data Content Rules for v5010 270/271 require that health plans and information sources that create a v5010 271 response to a generic v5010 270 inquiry must include:

- The **name of the health plan** covering the individual (if available)
- **Patient financials** for the static financials of co-insurance, co-payment, and deductible, and return the remaining deductible amount; include in-network and out-of-network coverage and financials for **48 required service types (benefits)**

*For more detail, see CORE Rules 154 and 260*
### Eligibility 270/271 Transaction: Data Content Operating Rule Demo Test Script

#### Detailed Step-By-Step Test Script

<table>
<thead>
<tr>
<th>Test #</th>
<th>Criteria</th>
<th>Expected Result</th>
<th>Actual Result</th>
<th>Pass/Fail</th>
<th>Stakeholder</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Create a valid v5010 271 response transaction as defined in the Phase II CORE rule specifying the Health Plan remaining deductible amount (Key Rule Reference #4)</td>
<td>Output a valid fully enveloped v5010 271 eligibility response transaction set with the correct Health Plan remaining deductible amount</td>
<td></td>
<td>Pass</td>
<td></td>
</tr>
</tbody>
</table>

See [Phase II CORE Certification Test Suite](#). Each Rule requirement is provided in a numbered list.
Live Demonstration

Execute Test Case #1

How an Information Source responds to an Eligibility Inquiry with an Eligibility Response when using the mandated Federal operating rule requirements regarding patient financial responsibility such as YTD deductible and Federally mandated operating rule requirements for Connectivity specific to SOAP+WSDL
Test Case #1 - 270 Inquiry with 270 Response: Test Script Listing
Test Case #1 - 270 Inquiry with 270 Response: Testing Instructions

This task is designed to allow CORE Stakeholders to be able to receive a 270 Eligibility Inquiry via the HTTP Mime Multipart Communication Method and respond with the appropriate 271 Eligibility Response per CORE Rule 154 Data Content Rule. This task will walk you through a wizard that will allow you to enter the necessary HTTP/S information for submission to your HTTP/S server. A 271 Eligibility Inquiry according to the specifications you entered and to the URL you set in the wizard.

This task will be completed when you receive the 270 Eligibility Inquiry and provide the expected response. In the present case a 271 Eligibility Response to the expected. This 271 will highlight the patient financial responsibility associated with the inquiry. The task is to complete the data fields associated with the patient financial responsibility for each of the benefits covered.

To complete this task please do the following:

1. Review the outlined steps in the box below. If desired you may elect to associate with this task using the "View Guideline" button.
2. Use the "Run Test" button to begin the wizard process where you will enter the Receiver ID and have an option to select the Authentication Username/password. Authentication enter the appropriate username/password into the X.509 certificate authentication method, please download the EDIFiCORE certificate from the link provided in the wizard and register this certificate.
3. In the Review Data Information screen the values are automatically populated from the EDIFiCORE data file. If any information is updated they will be populated in the submitted 270 Eligibility Inquiry. This is done so the testing entity can provide the information they would like to see on the request that is posted to them.

By completing this task you are complying to the following CORE RULE 154 Data Content. Test 10.

1. Review the guideline used for validation.
2. Run the test wizard.
3. Return to this page to get the test results.

No Files Submitted
Please complete the testing instructions in section one above.
Task Status: Not Started - Incomplete (Action Optional)
Test Case #1 - 270 Inquiry with 270 Response: Submit Test
Test Case #1 - 270 Inquiry with 270 Response: Test Results

![Test Results Screenshot](image-url)
CAQH CORE Normalizing Patient Last Name Rule requires health plans to **normalize submitted and stored last name** before using the submitted and stored last names:

- If normalized name validated, return v5010 271 with CORE-required content
- If normalized name validated but un-normalized names do not match, return last name as stored by health plan and specified INS segment
- If normalized name not validated, return specified AAA code

For more detail, see CORE Rule 258

CAQH CORE AAA Error reporting Rule requires health plans to return a **unique combination of one or more AAA segments along with one or more of the submitted patient identifying data elements** in order to communicate the specific errors to the submitter.

The receiver of the v5010 271 response is required to detect all error conditions reported and display to the end user text that uniquely describes the specific error conditions and data elements determined to be missing or invalid.

For more detail, see CORE Rule 259
Live Demonstration

Navigate and View

Certification Testing Task list and Test Instructions for Enhanced Error Reporting and Patient Identification certification testing task list and test instructions
# ViewTest Script Listing for Last Name Normalization and AAA Error Code Rule

<table>
<thead>
<tr>
<th>Task Name</th>
<th>Task Required</th>
<th>Task Status Mes.</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1c Respond to a Valid 270 Inquiry for CORE Base Data #5 using SOAP+XML</td>
<td>Yes</td>
<td>Not Started -- Incomplete</td>
<td></td>
</tr>
<tr>
<td>#1d Respond to a Valid 270 Inquiry for CORE Base Data #6 using SOAP+XML</td>
<td>Yes</td>
<td>Not Started -- Incomplete</td>
<td></td>
</tr>
<tr>
<td>#2a Last Name Normalization Rule for CORE Base Data #1 using HTTP Mime Multipart (Rule 263.1)</td>
<td>Yes</td>
<td>Not Started -- Incomplete</td>
<td></td>
</tr>
<tr>
<td>#2b Last Name Normalization Rule for CORE Base Data #2 using HTTP Mime Multipart (Rule 263.2)</td>
<td>Yes</td>
<td>Not Started -- Incomplete</td>
<td></td>
</tr>
<tr>
<td>#2c Last Name Normalization Rule for CORE Base Data #3 using HTTP Mime Multipart (Rule 263.3)</td>
<td>Yes</td>
<td>Not Started -- Incomplete</td>
<td></td>
</tr>
<tr>
<td>#2d Last Name Normalization Rule for CORE Base Data #4 using HTTP Mime Multipart (Rule 263.4)</td>
<td>Yes</td>
<td>Not Started -- Incomplete</td>
<td></td>
</tr>
<tr>
<td>#2e Last Name Normalization Rule for CORE Base Data #5 using HTTP Mime Multipart (Rule 263.5)</td>
<td>Yes</td>
<td>Not Started -- Incomplete</td>
<td></td>
</tr>
<tr>
<td>#2f Last Name Normalization Rule for CORE Base Data #6 using HTTP Mime Multipart (Rule 263.6)</td>
<td>Yes</td>
<td>Not Started -- Incomplete</td>
<td></td>
</tr>
<tr>
<td>#2g Last Name Normalization Rule for CORE Base Data #7 using HTTP Mime Multipart (Rule 263.7)</td>
<td>Yes</td>
<td>Not Started -- Incomplete</td>
<td></td>
</tr>
<tr>
<td>#2h AAA Error Code Rule for CORE Base Data #1 using HTTP Mime Multipart (Rule 263.8)</td>
<td>Yes</td>
<td>Not Started -- Incomplete</td>
<td></td>
</tr>
<tr>
<td>#2i AAA Error Code Rule for CORE Base Data #2 using HTTP Mime Multipart (Rule 263.9)</td>
<td>Yes</td>
<td>Not Started -- Incomplete</td>
<td></td>
</tr>
<tr>
<td>#2j AAA Error Code Rule for CORE Base Data #3 using HTTP Mime Multipart (Rule 263.10)</td>
<td>Yes</td>
<td>Not Started -- Incomplete</td>
<td></td>
</tr>
<tr>
<td>#2k AAA Error Code Rule for CORE Base Data #4 using HTTP Mime Multipart (Rule 263.11)</td>
<td>Yes</td>
<td>Not Started -- Incomplete</td>
<td></td>
</tr>
<tr>
<td>#2l AAA Error Code Rule for CORE Base Data #5 using HTTP Mime Multipart (Rule 263.12)</td>
<td>Yes</td>
<td>Not Started -- Incomplete</td>
<td></td>
</tr>
<tr>
<td>#2m AAA Error Code Rule for CORE Base Data #6 using HTTP Mime Multipart (Rule 263.13)</td>
<td>Yes</td>
<td>Not Started -- Incomplete</td>
<td></td>
</tr>
<tr>
<td>#2n AAA Error Code Rule for CORE Base Data #7 using HTTP Mime Multipart (Rule 263.14)</td>
<td>Yes</td>
<td>Not Started -- Incomplete</td>
<td></td>
</tr>
<tr>
<td>#2o AAA Error Code Rule for CORE Base Data #8 using HTTP Mime Multipart (Rule 263.15)</td>
<td>Yes</td>
<td>Not Started -- Incomplete</td>
<td></td>
</tr>
<tr>
<td>#2p AAA Error Code Rule for CORE Base Data #9 using HTTP Mime Multipart (Rule 263.16)</td>
<td>Yes</td>
<td>Not Started -- Incomplete</td>
<td></td>
</tr>
<tr>
<td>#3 Upload a 270/271 linking file for 270/272 (Rule 166.4)</td>
<td>Yes</td>
<td>Not Started -- Incomplete</td>
<td></td>
</tr>
</tbody>
</table>
View Test Instructions for Last Name Normalization and AAA Error Code Rule
Eligibility 270/271 & Claim Status 276/277: Infrastructure Operating Rules

The CAQH CORE Companion Guide Rule and Claim Status Rule require that Companion Guides covering v5010 270/271 and v5010 276/277 transactions follow the format and flow of the CORE v5010 Master Companion Guide Template.

The Companion Guide Template* organizes information into distinct sections:

- General Information
- Connectivity with the payer
- Transaction-Specific Information
- Key contact information
- Testing with the payer
- Control segment details
- Payer specific business rules
- Allows health plans (information sources) to tailor the document to meet their particular needs while still maintaining a standard template/common structure

For more detail, see CORE Rules 152 and 250

## Eligibility 270/271 & Claim Status 276/277: Infrastructure - Demo Test Scripts

### Detailed Step-By-Step Test Script

<table>
<thead>
<tr>
<th>Test #</th>
<th>Criteria</th>
<th>Expected Result</th>
<th>Actual Result</th>
<th>Pass/Fail</th>
<th>Stakeholder</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Companion Document conforms to the flow and format of the CORE Master Companion Document Template</td>
<td>Submission of the Table of Contents of the 276/277 companion document, including an example of the v5010 276/277 content requirements</td>
<td>[ ] Pass [ ] Fail</td>
<td>[ ] Provider</td>
<td>[ ] Health Plan</td>
</tr>
<tr>
<td>2.</td>
<td>Companion Document conforms to the format for presenting each segment, data element and code flow and format of the CORE Master Companion Document Template</td>
<td>Submission of a page of the v5010 276/277 companion document depicting the presentation of segments, data elements and codes showing conformance to the required presentation format</td>
<td>[ ] Pass [ ] Fail</td>
<td>[ ] Provider</td>
<td>[ ] Health Plan</td>
</tr>
</tbody>
</table>

See [Phase II CORE Certification Test Suite](#). Each Rule requirement is provided in a numbered list.
Live Demonstration

**Execute Test Case #2**

How an Information Source can test for the mandated operating rule requirements for a Companion Guide template; tests that the flow and format is consistent with the CAQH CORE Master Companion Guide Template
Infrastructure: Test Script Listing for Companion Guide Flow and Format
#7 Upload the Table of Contents from Stakeholder's 270/271 Companion Guide (Rule 152.1)

To complete this task, follow the steps listed below.

Instructions

This task is designed to allow CORE Stakeholders to upload a screen shot or other electronic copy/image of the Table of Contents of the Stakeholder's 270/271 Companion Guide. Once uploaded, Edifecs support will verify that the uploaded document meets the CORE testing criteria. Once verified, the task will be marked as “Completed.”

CORE Rule 152: Companion Guide, Test Script 1 states:

“[Stakeholders should submit] the Table of Contents of the 270/271 companion document, including an example of the 270/271 content requirements.”

To complete this task please do the following:

1. Use the “Add New Attachment” function in order to browse to and select the testers screenshot or other electronic copy/image of the Companion Guide - Table of Contents, and attach that document. We accept files in the following format - DOC, JPEG, PNG, GIF, BMP, PDF, TIF, XLS, TXT, CSV, XML.
2. Select the “Partner Steps Complete” radio button to signify that you have attached the required document.
3. Select the “Save and Close” button at the top or bottom of the screen in order to save the task.

By completing this task you are complying to the following CORE RULE and Test script(s):

Eligibility 270/271 & Claim Status 276/277: 
Infrastructure Operating Rules

The CAQH CORE System Availability Rule and the Claim Status Rule establish guidelines for system availability and provider support for health plan eligibility and claim status transactions including:

• Minimum of **86 percent system availability** (per calendar week)
• Publish regularly scheduled downtime
• Provide one week advance notice on non-routine downtime
• Provide information within one hour of emergency downtime

For more detail, see CORE Rules 157 and 250

*Adapted from the CAQH/WEDI Best Practices Companion Guide Template originally published January 1, 2003.*
Phase I and Phase II CAQH CORE Operating Rules include maximum response processing guidelines:

- Real-time Response of Maximum: 20-second round trip
- Batch *(if offered)* Response Receipt by 9 pm ET requires response by 7 am ET the next business day
- Conformance with this rule will be considered achieved if entities meet these measures 90 percent of the time within a calendar month

For more detail, see CORE Rules 155, 156 and 250
## Eligibility 270/271 & Claim Status 276/277: Infrastructure Rule Test Script

### Detailed Step-By-Step Test Script

<table>
<thead>
<tr>
<th>Test #</th>
<th>Criteria</th>
<th>Expected Result</th>
<th>Actual Result</th>
<th>Pass/Fail</th>
<th>Stakeholder(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4)</td>
<td>Verify that outer most communications module(s) captures, assigns, logs and links all required data elements from the ASC X12 v5010 270 Interchange to the submitted ASC X12 v5010 271 Interchange. If transactions use an alternate communication method to HTTP/S, entities must store enough information from the ASC X12 v5010 Transaction to uniquely identify the transmission in addition to the times that the request was received and response was sent. <em>(Key Rule Requirement #3)</em></td>
<td>Output a system-generated audit log report showing all required data elements.</td>
<td></td>
<td>Pass</td>
<td>Provider, Health Plan, Clearinghouse, Vendor</td>
</tr>
</tbody>
</table>

See Phase I CORE Certification Test Suite. Each Rule requirement is provided in a numbered list.

### Phase I CORE Certification Test Suite

3.1 Phase I CORE 150 Eligibility and Benefits Batch Acknowledgements Rule Certification Testing ...

3.1.1 Key Rule Requirements ...

3.1.2 Conformance Testing Requirements ...

3.1.3 Test Scripts Assumptions ...

3.1.4 Detailed Step-By-Step Test Script ...
Live Demonstration

*Execute Test Case #3*

How an Information Requester can test for the mandated operating rules for Real-time Response for Eligibility; test that entity can demonstrate conformance with the Real Time Response Time requirement of 20 seconds
Infrastructure: Test Script Listing for *Response Time Logging*
Infrastructure: Test Instructions for *Response Time Logging*

#7c Upload System Screenshot Showing a 271 Response
(Rule 154, 11)
To complete this task, follow the steps listed below.

Instructions
This task is designed to allow CORE stakeholders to verify that they have received the 271 Eligibility Response from the CORE Testing System, have loaded that response into their system, and have taken a screenshot highlighting the correct information inside of the Practice Management or Eligibility system.

This particular task is designed to allow you to upload a screenshot verifying that your system has properly complied with the CORE Data Content Rule 154, Test Script number 11:

“Extract from a valid 271 response transaction as defined in the CORE rule the data indicating the patient financial responsibility for each of the benefits covering the individual.”

To complete this task please do the following:

1. Use the task entitled "Submit 270 Inquiries per CORE TestBed Base Data #1-24 to submit the appropriate 270 Eligibility Inquiry required for the TestBed Case #3".
2. Receive and save the 271 Eligibility Response via HTTP Mime Multipart or SOAP+WSO and load that response into your Practice Management or Eligibility system.
3. Screenshot the required data element listed above as shown in your Practice Management or Eligibility system.
4. Use the "Add New Attachment" function in order to browse to and select the screenshot of the required element with in the PMS system, and attach that document. We accept files in the following format: DOC, JPEG, PNG, GIF, BMP, PDF, TXT, XLS, TSX, CSV, XML.
5. Select the "Partner Steps Complete" radio button to signify that you have attached the required document.
6. Select the "Save and Close" button at the top or bottom of the screen in order to save the task.

By completing this task you are complying to the following CORE RULE and Test script(s):
Phase I and Phase II CAQH CORE Operating Rules include assurances that sent transactions are accurately received and to facilitate health plan correction of errors in outbound messages.

For Real-time transactions, submitter will always receive a response (i.e., a v5010 271 or v5010 999), only one response; Batch Receivers include Plans, intermediaries and providers will always return a v5010 999 to acknowledge receipt for Rejections and Acceptance.

For more detail, see CORE Rules 150, 151 and 250

*NOTE: In the Final Rule for Administrative Simplification: Adoption of Operating Rules for Eligibility for a Health Plan and Health Care Claim Status Transaction, requirements pertaining to use of Acknowledgements are NOT included for adoption. Although HHS is not requiring compliance with any operating rule requirements related to Acknowledgements, the Final Rule does note “we are addressing the important role acknowledgements play in EDI by strongly encouraging the industry to implement the acknowledgement requirements in the CAQH CORE rules we are adopting herein”. 
Live Demonstration

Navigate and View

Certification Testing Task list and Test Instructions for Acknowledgements operating rule testing
Infrastructure: Test Script Listing for Acknowledgements

<table>
<thead>
<tr>
<th>Task Name</th>
<th>Task Required</th>
<th>Task Status</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select testing with Connectivity or without?</td>
<td>Yes</td>
<td>Completed</td>
<td>07/25/20</td>
</tr>
<tr>
<td>Click here to select your connectivity testing options</td>
<td>Yes</td>
<td>Completed</td>
<td>07/25/20</td>
</tr>
<tr>
<td>#1 Indicate the date on which you signed the CORE Pledge (Rule 211)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#2 Download CORE Certification Test Suite and Test Red Data</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#3a Respond to Invalid 276 Eligibility Inquiry with 999 using HTTP Media Multipart (Rule 151.3)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#3b Respond to Invalid 276 Eligibility Inquiry with 999 using SOAP+WSML (Rule 151.3)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#4a Respond to an Invalid 270 inquiry with 271 - AAA using HTTP Media Multipart (Rule 151.2.1)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#5 Respond to an Invalid 270 inquiry with 271 - AAA using HTTP Media Multipart (Rule 151.2.5)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#6a Respond to Valid 276 Inquiry with 277 using HTTP Media Multipart (Rule 225.2.4.5)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#6b Respond to Valid 276 Inquiry with 277 using SOAP + WSML (Rule 225.2.4.5)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#7 Upload the Table of Contents from Stakeholder's 270/271 Companion Guide (Rule 252.1)</td>
<td>Yes</td>
<td>Completed</td>
<td>07/27/20</td>
</tr>
<tr>
<td>#8 Upload a Sample Page From the Stakeholder's 270/271 Companion Guide (Rule 252.2)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#9 Upload the Table of Contents from Stakeholder's 275/277 Companion Guide (Rule 250.1)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#10 Upload a Sample Page From the Stakeholder's 275/277 Companion Guide (Rule 250.2)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#11 Upload Communications Log File for Review for 270/271 (Rule 250.5)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#12 Upload Communications Log File for Review for 270/277 (Rule 250.3) (Rule 270.5)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#13a Respond to a Valid 270 Inquiry for CORE Base Data #1 using HTTP MIME Multipart (Rule 154.2)</td>
<td>Yes</td>
<td>Completed</td>
<td>07/30/20</td>
</tr>
<tr>
<td>#13b Respond to a Valid 270 Inquiry for CORE Base Data #2 using HTTP MIME Multipart (Rule 154.4)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#13c Respond to a Valid 270 Inquiry for CORE Base Data #3 using HTTP MIME Multipart (Rule 154.10)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#13d Respond to a Valid 270 Inquiry for CORE Base Data #4 using HTTP MIME Multipart (Rule 154.4)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#13e Respond to a Valid 270 Inquiry for CORE Base Data #5 using SOAP + WSML (Rule 154.4)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#13f Respond to a Valid 270 Inquiry for CORE Base Data #6 using SOAP + WSML (Rule 154.10)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#14 Respond to a Valid 270 Inquiry for CORE Base Data #7 using HTTP MIME Multipart (Rule 260.1)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#15 Respond to a Valid 270 Inquiry for CORE Base Data #8 using HTTP MIME Multipart (Rule 260.4)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#16 Respond to a Valid 270 Inquiry for CORE Base Data #9 using HTTP MIME Multipart (Rule 260.4)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#17 Respond to a Valid 270 Inquiry for CORE Base Data #10 using HTTP MIME Multipart (Rule 260.1)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#18 Respond to a Valid 270 Inquiry for CORE Base Data #11 using HTTP MIME Multipart (Rule 260.4)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#19 Respond to a Valid 270 Inquiry for CORE Base Data #12 using HTTP MIME Multipart (Rule 260.4)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#20 Respond to a Valid 270 Inquiry for CORE Base Data #13 using HTTP MIME Multipart (Rule 260.1)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#21 Respond to a Valid 270 Inquiry for CORE Base Data #14 using SOAP + WSML (Rule 260.1)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
<tr>
<td>#22 Respond to a Valid 270 Inquiry for CORE Base Data #15 using SOAP + WSML (Rule 260.4)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc...</td>
</tr>
</tbody>
</table>

Record(s) 1 - 30 (69 total) [4] [1] [2] [3] [4]
Infrastructure: Test Instructions for *Acknowledgements*

1. **Testing Instructions**

   This task is designed to allow CORE Stakeholders to be able to receive a 270 Eligibility Inquiry via the SOAP+WSDL Communication Method and respond with the appropriate acknowledgement per CORE Rule 161 Real Time Acknowledgements Rule. This task will walk you through a wizard that will allow you to enter the necessary information for submission to your web service server and then submit a 270 Eligibility Inquiry according to the specifications you entered and to the URL that you provide.

   This task will be completed if you receive the 270 Eligibility Inquiry and process it so as to produce the expected response. In the present case an **invalid** 270 Eligibility Inquiry will be submitted to your web service server expecting a **999 rejecting** the 270 Eligibility Inquiry file.

   To complete this task please do the following:
   
   1. Review the outlined steps in the box below. If desired you may elect to view the Acknowledgement Guideline for the expected Acknowledgement associated with this task using the "View Guideline" button.
   2. Use the "Run Test" button to begin the wizard process where you will specify the URL of your server, the Receiver ID and have an option to select the Authentication Method. In the case of the Username/password Authentication enter the appropriate username/password values. In the case of the X.509 certificate authentication method, please download the Edifecs X.509 Client certificate from the link provided in the wizard in order to register this certificate in your system.
   3. In the Review Data Information screen the values are automatically populated from the EDI data file. If any information is updated they will be populated in the submitted 270 Eligibility Inquiry. This is done so that the testing entity may provide with the information they would like to see on the request that is posted to them.
   4. Once complete with the wizard selecting "Finish" will cause the web service client to submit a 270 Eligibility Inquiry to your web service server according to the specifications you provided. The expectation is that an appropriate real time response will be returned in the same communication session.
CORE Certification Testing Resources
Voluntary CORE Certification Testing Documentation

Phase I CORE Certification Test Suite
Phase II CORE Certification Test Suite

Edifecs CORE Users Quick Start Guide-Phase II
Congratulations! You have successfully enrolled into the Edifecs CORE testing system and are now a member of the CORE testing community.

In preparation for testing, please make sure that you have reviewed the CAQH ‘Core Testing’ resources, which include information on how to prepare for testing. These resources are available through the CAQH website and include guidelines and best practices for testing.

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

2. **Determine whether you are going to test Subscribers Only or Subscribers with Beneficiaries.**
   - Some health plans, like CMS (Medicare), have systems where the patient is always the subscriber separate from the patient. You may elect to test either Subscribers Only or Subscribers with Beneficiaries designed to accommodate health plans with systems where the patient is the member/subscriber or a dependent.

3. **Make certain that you have the connectivity resources available.**
   - CORE Testing requires that 270 Eligibility Requests and 271 Eligibility Responses are transmitted in accordance with two envelope standard (HTTP MIME multipart and SOAP/WSDD). It is expected that as you become familiar with the standards, you will be more than happy to answer any questions related to testing. However, Edifecs will be available to answer any questions and to assist CORE stakeholders in their connectivity testing.

4. **Click on the “Programs” tab at the top to access the testing programs that you are permitted to test.**

   ![CAQH Committee on Operating Rules for Information Exchange (CORE) User Quick Start Guide](COMMITQuickStartGuide.pdf)
Edifecs CAQH-CORE Testing Portal Help Guide
CAQH CORE Operating Rule Implementation Support

• Interactive tools that are free or low cost, e.g.,
  – Analysis and Planning Guide
  – Information requests can be submitted to the CAQH CORE Request Process at CORE@caqh.org; facilitate referrals to others such as ASC X12 and CMS
  – Listing of FAQs
  – Learn the basics of voluntary CORE Certification
    • Voluntary CORE Certification, in conjunction with our CAQH CORE-authorized testing vendor

• Join us for a free CAQH CORE Education Event
  – Upcoming CAQH CORE Education Sessions
    • August 15th: Joint CAQH CORE/InstaMed Education Session (registration email forthcoming)
  – Upcoming Public CAQH CORE Town Hall Calls
    • September 11th, 3:00-4:00 pm ET
    • October 30th, 3:00-4:00 pm ET
Question & Answer