Be Ready for January 2013 HHS Deadline: Implementing and Testing Mandated Healthcare Operating Rules

Wednesday, September 26, 2012
2:00 pm to 3:30 pm ET

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Edifecs

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CORE Manager
CAQH CORE
Session Topics

• Welcome and Speaker Introductions
• ACA Section 1104: Timeline and Compliance
  – Mandated Eligibility and Claim Status Operating Rules
• Voluntary CORE Certification Testing
• On-Line Demonstration
  – Key Conformance Testing Rule Requirements
  – CORE Certification Test Suite
  – Edifecs CORE Certification Test Site
    • On-line Navigation
    • Test Case Execution
• Question & Answer
• CORE Certification Testing Resources
Learning Objectives

This interactive webinar will help prepare attendees:

• Assist their organization in meeting the January 2013 HHS Deadline for first set of Federally mandated operating rules, *Eligibility for a Health Plan and Healthcare Claim Status*

• Firmly understand each of the Federally mandated operating rules regarding *Eligibility for a Health Plan and Healthcare Claim Status* transactions that are effective January 2013

• Explore a voluntary on-line conformance testing method designed through a multi-stakeholder collaboration to assist with implementation

• Learn from frequently asked operating rule implementation questions pertaining to *Eligibility and Claim Status* transactions
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.
Committee on Operating Rules for Information Exchange

- A multi-stakeholder collaboration established in 2005
- **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
  - Facilitate administrative and clinical data integration
- Recognized healthcare operating rule author by NCVHS

CAQH CORE carries out its mission based on an integrated model
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></td>
</tr>
<tr>
<td><strong>Infrastructure</strong></td>
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<td></td>
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</tbody>
</table>
Mandated Eligibility and Claim Status Operating Rules
Administrative Simplification: ACA Section 1104

Section 1104 of the ACA (H.R.3590)
“…Establishes new requirements for administrative transactions that will improve the utility of the existing HIPAA transactions and reduce administrative costs”

Highlights
• Updates initial August 2000 HIPAA regulation for transaction standards and code sets given landscape has significantly changed, and unnecessary healthcare costs/burden must be removed from the system
• Requires Department of Health and Human Services (HHS) to appoint a “qualified non-profit entity” to develop a set of operating rules for the conduct of electronic administrative healthcare transactions
• Administrative and financial standards and operating rules must:
  – Enable the determination of eligibility and financial responsibility for specific services prior to or at the point of care
  – Be comprehensive, requiring minimal augmentation by paper or other communications
  – Provide for timely acknowledgment, response, and status reporting
• HIPAA covered entities and business associates engaging in HIPAA standard transactions on behalf of covered entities must comply
• Health plans must file a statement with HHS confirming compliance; financial penalties for health plans are significant
ACA Mandated Operating Rules Compliance Dates: Required for all HIPAA Covered Entities

**Compliance Dates for ACA Mandated Operating Rules**

- **Implement by January 1, 2013**
  - Operating Rules for:
    - Eligibility for health plan
    - Claims status transactions

- **Implement by January 1, 2014**
  - Operating Rules for:
    - Electronic funds transfer (EFT) transactions
    - Health care payment and remittance advice (ERA) transactions

- **Implement by January 1, 2016**
  - Operating Rules for:
    - Health claims or equivalent encounter information
    - Enrollment and disenrollment in a health plan
    - Health plan premium payments
    - Referral certification and authorization
    - Health claims attachments

**NOTE:** Operating rules apply to HIPAA covered entities; beyond HIPAA compliance penalties, certification penalties for health plans will apply.
Three dates are critical for industry implementation of the first set of ACA mandated Operating Rules. There are two types of penalties related to compliance:

<table>
<thead>
<tr>
<th>Key Area</th>
<th>HIPAA Mandated Implementation</th>
<th>ACA-required Health Plan Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates</td>
<td>First Date</td>
<td>Second Date</td>
</tr>
<tr>
<td></td>
<td>January 1, 2013</td>
<td>December 31, 2013</td>
</tr>
<tr>
<td></td>
<td>Compliance Date</td>
<td>Health Plan Certification Date</td>
</tr>
<tr>
<td>Description</td>
<td>Who: All HIPAA covered entities</td>
<td>Who: Health plans</td>
</tr>
<tr>
<td></td>
<td>Action: Implement CAQH CORE</td>
<td>Action: File statement with HHS</td>
</tr>
<tr>
<td></td>
<td>Eligibility &amp; Claim Status</td>
<td>certifying that data and information</td>
</tr>
<tr>
<td></td>
<td>Operating Rules</td>
<td>systems are in compliance with the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>standards and operating rules</td>
</tr>
<tr>
<td>Applicable Penalties</td>
<td>Amount: Due to HITECH,</td>
<td>Amount: Fee amount equals $1 per covered</td>
</tr>
<tr>
<td></td>
<td>penalties for HIPAA non-</td>
<td>life until certification is complete;</td>
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<tr>
<td></td>
<td>compliance have increased,</td>
<td>penalties for failure to comply cannot</td>
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<tr>
<td></td>
<td>now up to $1.5 million per</td>
<td>exceed on an annual basis an amount equal</td>
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<tr>
<td></td>
<td>entity per year</td>
<td>to $20 per covered life or $40 per</td>
</tr>
<tr>
<td></td>
<td></td>
<td>covered life for deliberate misrepresentation</td>
</tr>
</tbody>
</table>

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.
Status of Mandated Eligibility & Claim Status Operating Rules: *Three Months Until Compliance Date*

- **Status**: The first set of operating rules has been adopted into Federal regulation
  
  - December 2011, CMS adopted [CMS-0032-IFC](#) as a Final Rule; industry implementation efforts underway for the **January 1, 2013 effective date**
  
    - 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.

- 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: January 1, 2013 Requirements

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

*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](#).
Mandated Eligibility & Claim Status Operating Rules

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
Voluntary CORE Certification Testing
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 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
CORE Certification Application Process

• Before starting CORE testing, entities must sign the CORE Pledge
  – Commits entities to complete testing within 180 days and encourage trading partner adoption

• After successful completion of CORE testing, entities must submit:
  1. CORE Certification Seal Application (Phase I &/or Phase II)
     – Documents the entity’s agreement to abide by the CORE Certification and Enforcement policies
     – For vendors/clearinghouses, requires affirmation of name and version for product given such entities may offer multiple products/services/versions and specifics are listed on CAQH CORE website
  2. CORE HIPAA Attestation Form (Phase I &/or Phase II)
     – To verify entity is HIPAA compliant, requires signature of an authorized senior-level executive given CAQH CORE testing does not test for all aspects of HIPAA compliance
  3. CORE Certification Seal Fee: One time cost per phase and vendor product (if applicable)
     – To verify stakeholder type/name/size, stakeholder-specific and based on net annual revenue
  4. If applicable, CORE Health Plan IT Exemption Request Form (Phase I &/or Phase II)
     – Allows health plans to request exemption if there is a scheduled migration of IT system(s):
       • Affirms that exempted IT system(s) applies to 30% of less of a total membership and remainder of IT systems have completed CORE testing and are conformant; migration must be scheduled for completion within 14 months from date of CORE certification
       – To verify above, requires attestation from a senior-level executive that above criteria has been met, and a list of products to which the exemption applies since CAQH CORE website lists exemptions
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
On-Line Demonstration
## 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 Medicais out of total 56

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![100 Fastest Growing Companies in WA](image)

![Inc. 5000](image)

![100 Best Places to work for in WA](image)
Edifeces Live-Demonstration Outline

1. See how to navigate the Edifeces voluntary CORE Certification Testing Site by viewing how to generate CAQH CORE test scripts
   - Edifeces 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: Eligibility</strong></th>
<th>Address Need to Drive Further Industry Value in v5010 Investment</th>
<th>More Robust Eligibility Verification Plus Financials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infrastructure: Eligibility and Claim Status</strong></td>
<td>Address Industry Needs for Common/Accessible Documentation</td>
<td>Enhanced Error Reporting and Patient Identification</td>
</tr>
<tr>
<td><strong>Infrastructure: Eligibility and Claim Status</strong></td>
<td>Address Industry-wide Goals for Architecture/Performance/Connectivity</td>
<td>Companion Guides</td>
</tr>
<tr>
<td><strong>Infrastructure: Eligibility and Claim Status</strong></td>
<td>Address Industry-wide Goals for Architecture/Performance/Connectivity</td>
<td>System Availability</td>
</tr>
<tr>
<td><strong>Infrastructure: Eligibility and Claim Status</strong></td>
<td>Address Industry-wide Goals for Architecture/Performance/Connectivity</td>
<td>Response Times</td>
</tr>
<tr>
<td><strong>Infrastructure: Eligibility and Claim Status</strong></td>
<td>Address Industry-wide Goals for Architecture/Performance/Connectivity</td>
<td>Acknowledgements*</td>
</tr>
<tr>
<td><strong>Infrastructure: Eligibility and Claim Status</strong></td>
<td>Address Industry-wide Goals for Architecture/Performance/Connectivity</td>
<td>Connectivity and Security</td>
</tr>
</tbody>
</table>

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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 retransmission 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

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.
CAQH CORE Eligibility & Claim Status Operating Rules: 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>
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<td></td>
<td></td>
<td></td>
<td>Provider</td>
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<td>Health Plan</td>
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<td>Clearinghouse</td>
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<td></td>
<td>Vendor</td>
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<td></td>
<td>NA</td>
</tr>
</tbody>
</table>

#### 1. Real Time Connectivity Test Scripts

1. **Implement and enforce one of two** Submitter Authentication standards on communications server (Key Rule Requirement #3 and #12)

   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

   - Pass
   - Fail
   - Provider: ☒
   - Health Plan: ☒
   - Clearinghouse: ☒
   - Vendor: ☒
   - NA: ☒

2. **Implement and enforce use of Username/Password over SSL on communications server** (Key Rule Requirement #3 and #12)

   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

   - Pass
   - Fail
   - Provider: ☒
   - Health Plan: ☒
   - Clearinghouse: ☒
   - Vendor: ☒
   - NA: ☒

3. **Implement and enforce use of X.509 Certificate over SSL on communications server** (Key Rule Requirement #3 and #12)

   Communications server accepts a valid logon by a client using X.509 Certificate over SSL

   - Pass
   - Fail
   - Provider: ☒
   - Health Plan: ☒
   - Clearinghouse: ☒
   - Vendor: ☒
   - NA: ☒

4. **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)

   - Pass
   - Fail
   - Provider: ☒
   - Health Plan: ☒
   - Clearinghouse: ☒
   - Vendor: ☒
   - NA: ☒

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See [Phase II CORE Certification Test Suite](#). Each Rule requirement is provided in a numbered list.
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
### CAQH CORE Eligibility & Claim Status Operating Rules: 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>Pass</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.

<table>
<thead>
<tr>
<th>Rule</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.10</td>
<td>Phase II CORE 270 Connectivity Rule Certification Testing</td>
</tr>
<tr>
<td>3.10.1</td>
<td>Key Rule Requirements</td>
</tr>
<tr>
<td>3.10.2</td>
<td>Conformance Testing Requirements</td>
</tr>
<tr>
<td>3.10.3</td>
<td>Test Scripts Assumptions</td>
</tr>
<tr>
<td>3.10.4</td>
<td>Detailed Step-by-Step Test Script</td>
</tr>
</tbody>
</table>
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- Eligibility Inquiry with Response: Test Script Listing
Test Case #1 – Eligibility Inquiry with 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. This 270 Eligibility Inquiry, according to the specifications you entered and to the URL entered, is expected to return the expected response. In the present case a 271 Eligibility Response to the 270 is expected. This 271 will highlight the patient financial responsibility associated with this case pursuant to CORE Rule 154, Test Script 10, which states:

"[The CORE Stakeholder will] create a valid 271 response transaction as defined indicating the [financial responsibility] for each of the benefits covered under the plan." To complete this task please do the following:

1. Review the outlined steps in the box below. If desired you may elect to associate 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 and password of the X.509 certificate authentication method, please download the EDIFACT certificate from the link provided in the wizard in order to register this certificate.
3. In the Review Data Information screen the values are automatically populated from the EDIFACT 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 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 and Test script(s):

- CORE RULE 154: Data Content. Test 10.
Test Case #1- Eligibility Inquiry with Response: Submit Test
Test Case #1 - Eligibility Inquiry with Response: Test Results
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 CAQH CORE Operating Rules regarding Enhanced Error Reporting and Patient Identification certification testing task list and test instructions
View Test Script Listing for Last Name Normalization and AAA Error Code Rule
View Test Instructions for Last Name Normalization and AAA Error Code Rule

#28c AAA Error Code Rule for CORE Base Data #9 using HTTP MimeType Multipart (Rule 259, 1) Required

Testing Instructions

This task is designed to allow CORE Stakeholders to be able to receive a 270 Eligibility Inquiry via the HTTP MimeType Multipart Communication Method and respond with the appropriate 271 Eligibility Response per CORE Rule 259 AAA Error Code Rule. This task will walk you through a wizard that will allow you to enter the necessary HTTPS Information for submission to your HTTPS server and then submit a 270 Eligibility Inquiry according to the specifications you entered and to the URL that you provided.

This task will be completed when you receive the 270 Eligibility Inquiry and process it so as to produce the expected response. In the present case a 271 Eligibility Response containing the patient identifying data elements submitted and used, the AAA segment with AAA Reject Reason Code corresponding to the error condition detected and other required AAA segment data elements and codes as specified is expected pursant to CORE Rule 259, Test Script 1, which states:

"The CORE Stakeholder will create a valid 271 response transaction as defined in the CORE rule indicating that the 270 inquiry is being rejected because the health plan could not correctly identify the patient."

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 271 Guideline 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 can 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 HTTPS client to submit a 270
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
CAQH CORE Eligibility & Claim Status: 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></td>
<td>Pass</td>
<td>Provider</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fail</td>
<td>Health Plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Clearinghouse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Vendor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</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></td>
<td>Pass</td>
<td>Provider</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fail</td>
<td>Health Plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Clearinghouse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Vendor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</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

<table>
<thead>
<tr>
<th>Task Name</th>
<th>Task Required</th>
<th>Task Status Res.</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select testing with Connectivity or without?</td>
<td>Yes</td>
<td>Completed - Com. 07/25/20</td>
<td></td>
</tr>
<tr>
<td>Click here to select your connectivity testing options</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#1 Indicate the date on which you signed the CORE Pledge (Rule 21)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#2 Download CORE Certification Test Suite and Test Data</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#3a Respond to Invalid 276 Eligibility Inquiry with 599 using HTTP Mme Multipart (Rule 151.3)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#3b Respond to Invalid 276 Eligibility Inquiry with 599 using SOAP+WSI(SL (Rule 151.3)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#4a Respond to an Invalid 279 Inquiry with 271 - AAA using HTTP Mme Multipart (Rule 151.2.4.5)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#4b Respond to an Invalid 279 Inquiry with 271 - AAA using SOAP+WSI(SL (Rule 151.2.4.5)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#5a Respond to Invalid 276 Claim Status Inquiry with 999 using HTTP Mme Multipart (Rule 250.3)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#5b Respond to Invalid 276 Claim Status Inquiry with 999 using SOAP+WSI(SL (Rule 250.3)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#6a Respond to Valid 275 Inquiry with 277 using HTTP Mme Multipart (Rule 250.2.4.5)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#6b Respond to Valid 275 Inquiry with 277 using SOAP+WSI(SL (Rule 250.2.4.5)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#7 Upload the Table of Contents from Stakeholder's 270/271 Companion Guide (Rule 152.1)</td>
<td>Yes</td>
<td>Pending -- Wait for</td>
<td></td>
</tr>
<tr>
<td>#8 Upload a Sample Page from the Stakeholder's 270/271 Companion Guide (Rule 152.2)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#9 Upload the Table of Contents from Stakeholder's 270/271 Companion Guide (Rule 152.1)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#10 Upload a Sample Page from the Stakeholder's 270/271 Companion Guide (Rule 152.2)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#11 Upload Communications Log File for Review for 270/271 (Rule 270.6)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#12 Upload Communications Log File for Review for 270/271 (Rule 270.6)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#13a Respond to a Valid 270 Inquiry for CORE Base Data #1 using HTTP MME Multipart (Rule 154.2)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#13b Respond to a Valid 270 Inquiry for CORE Base Data #2 using HTTP MME Multipart (Rule 154.4)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#13c Respond to a Valid 270 Inquiry for CORE Base Data #3 using HTTP MME Multipart (Rule 154.10)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#14a Respond to a Valid 270 Inquiry for CORE Base Data #1 using SOAP+WSI(SL (Rule 154.2)</td>
<td>Yes</td>
<td>Completed - Com. 07/27/20</td>
<td></td>
</tr>
<tr>
<td>#14b Respond to a Valid 270 Inquiry for CORE Base Data #2 using SOAP+WSI(SL (Rule 154.4)</td>
<td>Yes</td>
<td>Completed - Com. 07/30/20</td>
<td></td>
</tr>
<tr>
<td>#14c Respond to a Valid 270 Inquiry for CORE Base Data #3 using HTTP MME Multipart (Rule 260.1)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#15a Respond to a Valid 270 Inquiry for CORE Base Data #1 using SOAP+WSI(SL (Rule 154.2)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#15b Respond to a Valid 270 Inquiry for CORE Base Data #2 using SOAP+WSI(SL (Rule 154.4)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#15c Respond to a Valid 270 Inquiry for CORE Base Data #3 using SOAP+WSI(SL (Rule 154.10)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#16a Respond to a Valid 270 Inquiry for CORE Base Data #1 using SOAP+WSI(SL (Rule 260.1)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#16b Respond to a Valid 270 Inquiry for CORE Base Data #2 using SOAP+WSI(SL (Rule 260.2)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#16c Respond to a Valid 270 Inquiry for CORE Base Data #3 using SOAP+WSI(SL (Rule 260.5)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#17a Respond to a Valid 270 Inquiry for CORE Base Data #4 using SOAP+WSI(SL (Rule 260.1)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#17b Respond to a Valid 270 Inquiry for CORE Base Data #5 using HTTP MME Multipart (Rule 260.2)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
<tr>
<td>#17c Respond to a Valid 270 Inquiry for CORE Base Data #6 using HTTP MME Multipart (Rule 260.5)</td>
<td>Yes</td>
<td>Not Started - Inc.</td>
<td></td>
</tr>
</tbody>
</table>

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Infrastructure: Test Instructions 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):


Attachment:
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*
### CAQH CORE Eligibility & Claim Status: 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</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. (Key Rule Requirement #3)</td>
<td>Output a system-generated audit log report showing all required data elements.</td>
<td>☐ Pass ☐ Fail</td>
<td>☐ Provider</td>
<td>☒ Health Plan</td>
</tr>
</tbody>
</table>

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

---

*Note: The table and criteria listed above are illustrative and should be replaced with actual test script details.*
Live Demonstration

**Execute Test Case #3**

How an Information Requester can test for the mandated CAQH CORE Operating Rule 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 Test Bed Base Data #1-24 to submit the appropriate 270 Eligibility Inquiry required for the Test Bed Case #3".
2. Retrieve and save the 271 Eligibility Response via HTTP/MIME Multipart or SOAP/WSDL 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, TIFF, XLS, TXT, 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 with the following CORE RULE 154 and Test script #11.
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”.

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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>Com. 07/25/20</td>
</tr>
<tr>
<td>Click here to select your connectivity testing options</td>
<td>Yes</td>
<td>Completed</td>
<td>Com. 07/25/20</td>
</tr>
<tr>
<td>#1 Indicate the date on which you signed the CORE Pledge (Rule 201)</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 Mime 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+WSIF (Rule 151_3)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc.</td>
</tr>
<tr>
<td>#4a Respond to an Invalid 276 inquiry with 271 - AAA using HTTP Mime Multipart (Rule 151_2_4_5)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc.</td>
</tr>
<tr>
<td>#4b Respond to an Invalid 276 inquiry with 271 - AAA using SOAP+VSIF (Rule 151_2_4_5)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc.</td>
</tr>
<tr>
<td>#5a Respond to Invalid 276 Claim Status Inquiry with 995 using HTTP Mime Multipart (Rule 250_3)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc.</td>
</tr>
<tr>
<td>#5b Respond to Invalid 276 Claim Status Inquiry with 995 using SOAP+WSIF (Rule 250_3)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc.</td>
</tr>
<tr>
<td>#6a Respond to Valid 276 Inquiry with 277 using HTTP Mime Multipart (Rule 266_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+WSIF (Rule 266_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 152_1)</td>
<td>Yes</td>
<td>Pending</td>
<td>Wait to...</td>
</tr>
<tr>
<td>#8 Upload a Sample Page From the Stakeholder's 270/271 Companion Guide (Rule 152_1)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc.</td>
</tr>
<tr>
<td>#9 Upload the Table of Contents from Stakeholder's 276/277 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 276/277 Companion Guide (Rule 250_1)</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 270_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 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_1)</td>
<td>Yes</td>
<td>Completed</td>
<td>Com. 07/27/20</td>
</tr>
<tr>
<td>#13b Respond to a Valid 270 Inquiry for CORE Base Data #2 using HTTP MIME Multipart (Rule 154_1)</td>
<td>Yes</td>
<td>Completed</td>
<td>Com. 07/27/20</td>
</tr>
<tr>
<td>#14 Respond to a Valid 270 Inquiry for CORE Base Data #5 using SOAP+WSIF (Rule 269_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 #6 using HTTP MIME Multipart (Rule 154_1)</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 #7 using HTTP MIME Multipart (Rule 269_1)</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 #8 using SOAP+WSIF (Rule 269_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 #9 using SOAP+WSIF (Rule 269_1)</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 #10 using SOAP+WSIF (Rule 269_1)</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 #11 using SOAP+WSIF (Rule 269_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 #12 using SOAP+WSIF (Rule 269_1)</td>
<td>Yes</td>
<td>Not Started</td>
<td>Inc.</td>
</tr>
</tbody>
</table>
Infrastructure: Test Instructions for \textit{Acknowledgements}

\begin{itemize}
\item \textbf{Testing Instructions}
\end{itemize}

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 in 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 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.
Question & Answer
What is the CAQH CORE Connectivity Safe Harbor?

• The CAQH CORE Connectivity Safe Harbor – described in CAQH CORE Rule 270: Connectivity Rule Version 2.2.0 Section 5, CORE Safe Harbor – specifies connectivity methods that application vendors, providers, and health plans can be assured will be supported by any HIPAA covered entity and/or a voluntarily CORE-certified entity, meaning that the entity is capable and ready at the time of the request by a trading partner to exchange data using the CAQH CORE Connectivity Rule

• The rule does not require entities to remove existing connections that do not match the rule, nor does it require that all covered entities use this method for all new connections
  – In some circumstances, you and your trading partners may decide to continue to use your current connection; however, you must implement the capability to use the CAQH CORE Connectivity Safe Harbor and be capable and ready to use it when requested

• The Phase II CORE Connectivity Rule’s envelope standards conformance requirements for key stakeholders:
  – Health Plans and Clearinghouses/Switches/Information Exchanges that conform to Phase II CORE Connectivity Rule must implement both envelope standards (SOAP+WSDL and HTTP MIME Multipart)
  – Healthcare Providers or Provider Vendors must implement one of the envelope standards
What are the CAQH CORE Requirements for Real Time and Batch Processing?

• *The Federally mandated Phase I and II CAQH CORE Eligibility & Claim Status Operating Rules require that all HIPAA covered entities support real time processing of the X12 270/271 and X12 276/277 transactions*

• The rules do not require HIPAA covered entities to support batch processing of the transactions if they do not already do so; however, if entities do currently support batch processing, they must conform to all applicable batch processing requirements outlined in the Federally mandated CAQH CORE Operating Rules
  
  
  – The processing mode requirements are specified in Section 4.1, Basic Conformance Requirements for Key Stakeholders of CAQH CORE Rule 270. Specifically, the rule states “…the following are the conformance requirements for real time and batch transactions:
    
    • Real time: Required for ASC X12 v5010 270/271 and ASC X12 v5010 276/277 transactions.
    
    • Batch: Optional for ASC X12 v5010 270/271 and ASC X12 v5010 276/277 transactions; must be supported if batch is offered for ASC X12 v5010 270/271 and ASC X12 v5010 276/277 transactions”
When does 20-second Real Time Response Time Response Begin?

The 20-second requirement described in CAQH CORE Rules 156 and 250 is the duration for the entire round-trip of the transaction

- The 20 seconds begin when the X12 270 Inquiry or X12 276 Request is first submitted, and ends when the X12 271 Response or X12 277 Response is delivered to the provider; all ensuing hops are included in these 20 seconds

- Conformance with the rule is determined when 90 percent of all required responses are returned within the specified maximum response time as measured within a calendar month

- Each HIPAA-covered entity is required to conform to the Federally mandated CAQH CORE Eligibility & Claim Status Operating Rules; each HIPAA covered entity within the transaction flow is bound by the CAQH CORE Rule requirements for meeting the 20-second round trip of the transaction (CAQH CORE recommends no more than 4 seconds per hop)
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 have been selected by CAQH as an approved certification vendor and is offering this certification test.

In preparation for testing please make sure that you have reviewed the CAQH User Guide to ensure you have all the necessary documents to complete the initial steps of CORE certification, a process. Please note that the primary document to begin the certification process is the CORE, but the Pledge must be signed and submitted prior to applying for the CORE seal. Also note that the Pledge must be completed the certification testing required for your stakeholder type. To begin testing please follow the instructions below.

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 Eligibility only.
   - Some health plans, like CMS (Medicare), have systems where the patient is always the member/subscriber and separate from the patient. You may elect to test either Subscribers Only or Subscribers with Eligibility only. Edifecs is 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 through two envelope standards (HTTP MIME multipart and SOAP/WSDL). It is expected that as the testing progresses, you will have the protocol works and have the resources to formulate the protocol works and have the resources to formulate the protocol works. However, Edifecs will offer testing stakeholders questions related to connectivity and your internal capabilities should you have the resources 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 going to test.
CAQH CORE Operating Rule Implementation Support

- Interactive tools that are free or low cost, e.g.,
  - Analysis and Planning Guide
  - CAQH CORE Request Process at CORE@caqh.org; facilitate referrals to others such as ASC X12 and CMS
  - Listing of FAQs
  - Basics of voluntary CORE Certification
  - Phase II CORE® Certification Test Suite
  - Phase I CORE® Certification Test Suite

- Join us for a free CAQH CORE Education Event
  - Upcoming Public CAQH CORE Town Hall, October 30th, 3:00-4:00 pm ET