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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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.

Operating Rules: Key Components

- Rights and responsibilities of all parties
- Security
- Exception processing
- Transmission standards and formats
- Response timing standards
- Liabilities
- Error resolution

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.

Examples of Topics that Healthcare Operating Rules Address:

<table>
<thead>
<tr>
<th>Data Content</th>
<th>Operating Rules Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance what your organization already supports</td>
<td>More Robust Eligibility Verification Plus Financial</td>
</tr>
<tr>
<td>Address Industry Needs for Common/Accessible Documentation</td>
<td>Response Times</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infrastructure</th>
<th>Operating Rules Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addresses Industry-wide Goals for Architecture/Performance/Connectivity</td>
<td>Connectivity and Security</td>
</tr>
<tr>
<td>Companion Guides</td>
<td>System Availability</td>
</tr>
<tr>
<td>Enhanced Error Reporting and Patient Identification</td>
<td></td>
</tr>
</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.

ACA Federal Compliance Requirements:
Highlights & Key Dates

Three dates are critical for industry implementation of the first set of ACA mandated Operating Rules
There are two types of penalties related to compliance1

<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: January 1, 2013 Compliance Date</td>
<td>Second Date: December 31, 2013 Health Plan Certification Date</td>
</tr>
<tr>
<td>Description</td>
<td>Who: All HIPAA covered entities Action: Implement CAQH CORE Eligibility &amp; Claim Status Operating Rules</td>
<td>Who: Health plans Action: File statement with HHS certifying that data and information systems are in compliance with the standards and operating rules2</td>
</tr>
<tr>
<td>Applicable Penalties</td>
<td>Amount: Due to HITECH, penalties for HIPAA non-compliance have increased, now up to $1.5 million per entity per year</td>
<td>Amount: Fee amount equals $1 per covered life3 until certification is complete; penalties for failure to comply cannot exceed an annual basis an amount equal to $20 per covered life or $40 per covered life for deliberate misrepresentation</td>
</tr>
</tbody>
</table>

1 CMS DESS 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.

*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>
</table>
| Data Content | Eligibility & Benefits | Respond to generic and explicit inquiries for a defined set of 50+ high volume services with:  
  - 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  
  - Enhanced Patient Identification and Error Reporting requirements |
| Infrastructure | Eligibility, Benefits & Claims Status |  
  - Companion Guide – common flow/format  
  - System Availability service levels – minimum 86% availability per calendar week  
  - Real-time and batch turnaround times (e.g., 20 seconds or less for real time and next day for batch)  
  - Connectivity via Internet and aligned with NHIN direction, e.g., supports plug and play method (SOAP and digital certificates and clinical/administrative alignment)  
  - 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](#).
**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 164 & 266: Eligibility & Benefits Data Content Rules
    - CAQH CORE 270: Normalizing Patient Last Name Rule for Eligibility
    - CAQH CORE 595: 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 167: 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*

*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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**Implementing Mandated Operating Rules: The Importance of Trading Partner Collaboration**

STREAMLINED ADMINISTRATIVE DATA EXCHANGE

- 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: [Phase II CORE® Certification Test Suite](#)
  - 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 Medicaid out of total 56

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Edifecs Live-Demonstration Outline

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

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

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

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### CAQH CORE Eligibility & Claim Status Operating Rules: 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.

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*Specifically designed to align with key Federal efforts, e.g., NHIN.*
CAQH CORE Eligibility & Claim Status Operating Rules:  
Infrastructure Operating Rules Demo Test Script

<table>
<thead>
<tr>
<th>Test #</th>
<th>Criteria</th>
<th>Expected Result</th>
<th>Actual Result</th>
<th>Pass/Fail</th>
<th>Stakesholder</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

1. Implement and enforce use of two Submitter Authentication standards on communications (Key Rule Requirement #1 and #3)

1.3 Implement and enforce use of Username/Password over SSL on communications server (Key Rule Requirement #1 and #3)

Communications server accepts a valid login by a client using Username/Password, which is embedded in the message envelope as specified in Phase II of 2004 Connectivity Rule

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Pass</th>
<th>Fail</th>
<th></th>
</tr>
</thead>
</table>

1.2 Implement and enforce use of X.509 Certificate over SSL on communications server (Key Rule Requirement #1 and #2)

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

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<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Pass</th>
<th>Fail</th>
<th></th>
</tr>
</thead>
</table>

1. Do the administrative connections at the Test #1, implement capabilities to support Health Message Envelope Standards and envelope narrative for Real Time on a communications server (Key Rule Requirement #1, #3 and #7)

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

CAQH CORE Eligibility & Claim Status Operating Rules:  
Data Content Operating Rules

Improve Eligibility Verification Plus Financials
Key Requirements

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 164 and 262
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 C5000-271 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 C5000-271 eligibility response transaction set with the correct Health Plan remaining deductible amount</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.

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:
Testing Instructions
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

CAQH CORE Eligibility & Claim Status Operating Rules: Data Content Operating Rules

Enhanced Error Reporting and Patient Identification Key Requirements

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
CAQH CORE Eligibility & Claim Status Operating Rules: 
*Infrastructure Operating Rules*

**Companion Guide Key Requirements**

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 162 and 250*

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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 270/277 companion document, including as example of the v5010 276/277 content requirements</td>
<td></td>
<td>Pass</td>
<td>Health Plan;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Fail</td>
<td>payer;</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>Fail</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 #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
Infrastructure: Test Instructions for Companion Guide Flow and Format

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 260

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

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**CAQH CORE Eligibility & Claim Status Operating Rules: Infrastructure Operating Rules**

**Response Time Key Requirements**

For more detail, see CORE Rules 155, 156 and 250

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**CAQH CORE Eligibility & Claim Status: Infrastructure Rule Test Script**

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

<table>
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<th>Pass/Fail</th>
<th>Stakeholders^®</th>
</tr>
</thead>
<tbody>
<tr>
<td>6)</td>
<td>Verify that (Name) sends all required data elements in the ASC X12 v0040101111 Interchange to the advanced ASC X12 v0040101111 Interchange. Transactions use the alternate communication method to STTIPN entities, and must include required information from the ASC X12 v004010. Transactions may specify identify the transmission in addition to the names that the request was received and response was sent. (Key Rule Requirement 65)</td>
<td>Output a request-generated results list with all required data elements.</td>
<td></td>
<td>Pass</td>
<td>Provider, Payer, Payee, Exchanger, Recipient</td>
</tr>
</tbody>
</table>
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

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.
Live Demonstration

Navigate and View

Certification Testing Task list and Test Instructions for Acknowledgements operating rule testing

Infrastructure: Test Script Listing for Acknowledgements
Infrastructure: Test Instructions for Acknowledgements

To complete this task please do the following:

1. Review the outlined steps in the box below. If familiar you may skip the Acknowledgement Guidelines for the expected Acknowledgement associated with this task, using the "View Guidelines" button.
2. Use the "Test Request" button to begin the test process where you will specify the URL of your server, the receiver ID and then an option to select the Authentication method. In the case of the test process, the 'test' user ID is used as the receiver ID. Also, you can use the SSL certificate authentication method. If you do not have the SSL certificate provided by the vendor, you can use the "SSL Client Certificate" button. This option is for use with an application that can accept certificate authentication methods.
3. In the 'Acknowledgement Guidelines' area, the values are automatically populated from the EDI data file. If any information is updated, it will be populated in the associated EDI Eligibility Inquiry. This is done so the testing entity can provide the information they would like to use in the request and the EDI data file will update at the same time.
4. Click "Submit Request" for the test server to submit a 271 Eligibility Inquiry. You can use the server with your server connection, or the information you provided in the test process.

Question & Answer

simplifying healthcare administration

CAQH
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 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)
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

Edifecs CAQH-CORE Testing Portal & Start Guide
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