BACKGROUND

This rule for use of acknowledgements for batch mode places parallel responsibilities on both submitters of the ASC X12 005010X279A1 Eligibility Benefit Request and Response (270/271) (hereafter v5010 270) request (providers) and responders to the ASC X12 005010X279A1 Eligibility Benefit Request and Response (270/271) (hereafter v5010 271) responses (health plans or information sources) for sending and accepting the ASC X12 005010X231A1 Implementation Acknowledgement for Health Care Insurance (999) (hereafter v5010 999.) The goal of this approach is to adhere to the principles of EDI in assuring that transactions sent are accurately received and to facilitate health plan correction of errors in their outbound responses.

The rule assumes a successful communication connection has been established and that all parties in the transaction routing path are CORE-certified.

RULE

Section 1: Use of the v5010 999 and v5010 271 Acknowledgements for Batch

Subsection 1.1: Reporting on a Batch v5010 270 or v5010 271 Submission

Functional Group or Transaction Set Acknowledgement

If the v5010 270 batch inquiries or v5010 271 batch responses pass ASC X12 Interchange editing, the receiver of the batch (the provider, clearinghouse, intermediary, health plan or information source) must always return a v5010 999 for each Functional Group of v5010 270 inquiries or v5010 271 responses to indicate that the Functional Group was either accepted, accepted with errors, or rejected and to specify for each included v5010 270 inquiry or v5010 271 response Transaction Set that Transaction Set was either accepted, accepted with errors, or rejected.

Therefore, in batch mode, the receiver (provider, clearinghouse, intermediary, health plan or information source) will always return a v5010 999 acknowledgement indicating either rejection or acceptance of the batch.

If the v5010 270 batch is accepted for processing, a batch of v5010 271 responses is subsequently returned to the submitter by the health plan (or information source). The AAA segments in the v5010 271 responses are used to report business level error situations.

Section 2: Requirements for Return of a v5010 999

The v5010 999 Implementation Acknowledgement must not be returned during the initial communications session in which the v5010 270 batch is submitted. Reference the CORE 153 Eligibility and Benefit Connectivity and CORE 155 Online Eligibility and Benefit Batch Response Time (Section 2: v5010 999 Response Time Requirements) rules for the timing and availability of these two acknowledgements.

CONFORMANCE

Conformance with this rule is considered achieved by receivers of the batch (provider, clearinghouse, intermediary, health plan or information source) if all of the following criteria are achieved:

1. A v5010 999 is returned to indicate acceptance, rejection or errors in a Functional Group (including the enclosed Transaction Set).
   a) A v5010 999 must always be returned even if there are no errors in the Functional Group and enclosed Transaction Set.

2. A v5010 271 response transaction must always be returned for an Interchange, Functional Group and Transaction Set that complies with ASC X12 TR3 implementation guide requirements.
   a) A v5010 271 response transaction may contain either the appropriate AAA Validation Request segment(s) in the case of a business level error or the data segments containing the requested and benefit status details.

Conformance with this rule must be demonstrated through successful completion of the approved CORE test suite for this rule with a CORE-authorized testing vendor.