BACKGROUND

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

This CORE Phase I rule addresses only acknowledgements for receivers of the ASC X12 005010X279A1 Eligibility Benefit Request and Response (270/271) (hereafter v5010 270) for Real Time. It does not address acknowledgements that receivers of the ASC X12 005010X279A1 Eligibility Benefit Request and Response (270/271) (hereafter v5010 271) must consider.

RULE

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

Subsection 1.1: Reporting on a Real-Time v5010 270 Submission that is Rejected

Functional Group or Transaction Set Rejection

If the v5010 270 passes ASC X12 Interchange editing, but an error resulting in a rejection is found during the validation of the Functional Group or Transaction Set within a Functional Group, the receiver of the v5010 270 (clearinghouse, intermediary, health plan or information source) must always return an ASC X12 005010X231A1 Implementation Acknowledgement for Health Care Insurance (999) (hereafter v5010 999) for the Functional Group of the v5010 270 to indicate a rejection (negative acknowledgement). If the Functional Group is not rejected, a v5010 999 must not be returned.

Subsection 1.2: Reporting on a Real-Time v5010 270 Submission that is Accepted

If the v5010 270 complies with the ASC X12 005010X279A1 Eligibility Benefit Request and Response (270/271) (herein v5010 270/270, v5010 270, v5010 271) Technical Report Type 3 (TR3) implementation guide requirements, then the v5010 271 will be returned to the submitter.

The AAA segments in the v5010 271 will be used to report business level error situations.

Subsection 1.3: Summary

Therefore the submitter of a v5010 270 in real-time will receive only one acknowledgement/response from the receiver (clearinghouse, intermediary, health plan or information source): a v5010 999 (rejection); or a v5010 271.

CONFORMANCE

Conformance with this rule is considered achieved by receivers of the 270 request (clearinghouse, intermediary, health plan or information source) if all of the following criteria are achieved:

1. A v5010 999 is returned only to indicate a Functional Group (including the enclosed Transaction Set) error resulting in the rejection of the entire Functional Group.
   a) A v5010 999 must not be returned if there are errors not resulting in the rejection of the Functional Group and enclosed Transaction Set.

2. A v5010 271 must always be returned for an Interchange, Functional Group and Transaction Set that complies with v5010 270 requirements.
   a) A v5010 271 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 eligibility 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.