

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

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

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Session Topics

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



CAQH® and Its Initiatives



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



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



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



Introduction to Edifecs

Corporate Background

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

What We Do

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

Customer Momentum

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







100 Best Places to work for in WA

Welcome

- Resource materials you should have for today's call
 - Link for Go To Meeting Webinar to access Edifecs demo
 - Today's presentation can be found on the CAQH website at http://www.caqh.org/CORE_Education_Events.php
- Resource materials AFTER the call
 - Phase II CORE® Certification Test Suite
 - Phase I CORE® Certification Test Suite
 - CORE Users Quick Start Guide



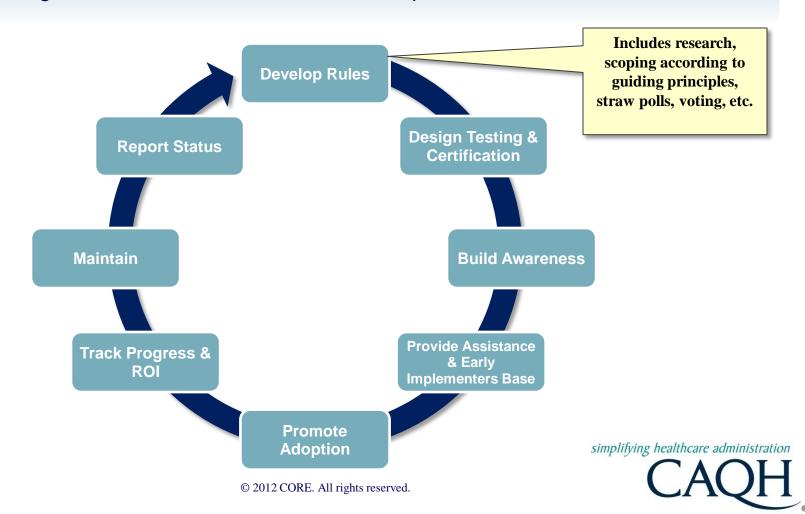
Committee on Operating Rules for Information Exchange

- Integrated Model
 - Rule writing, certification and testing, and outreach/education
- <u>Mission</u>: To build consensus among healthcare industry stakeholders on a set of operating rules that facilitate administrative interoperability between providers and health plans
 - Enable providers to submit transactions from the system of their choice (vendor agnostic) and quickly receive a standardized response
 - Enable stakeholders to implement in phases that encourage feasible progress in resolving industry business needs while minimizing barriers to adoption
 - Facilitate administrative and clinical data integration
- CAQH CORE is not:
 - Replicating the work being done by standard-setting bodies, e.g., ASC X12, HL7, OASIS, W3C
 - Developing software or building a database



CAQH CORE Integrated Model: Rule Writing, Certification and Testing

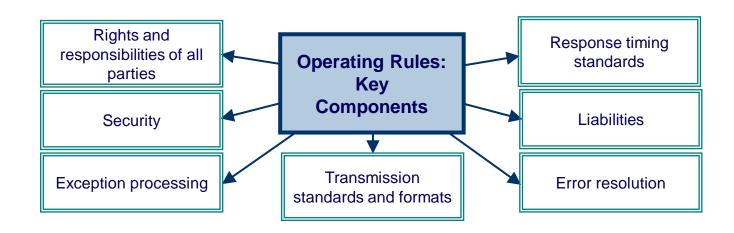
CAQH CORE rules and early CORE-certified implementers have achieved success via an integrated model that combines rule development with ROI measurement



ACA Section 1104 Timeline and Compliance

Purpose of Operating Rules

- The <u>Patient Protection and Affordable Care Act (ACA)</u> 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

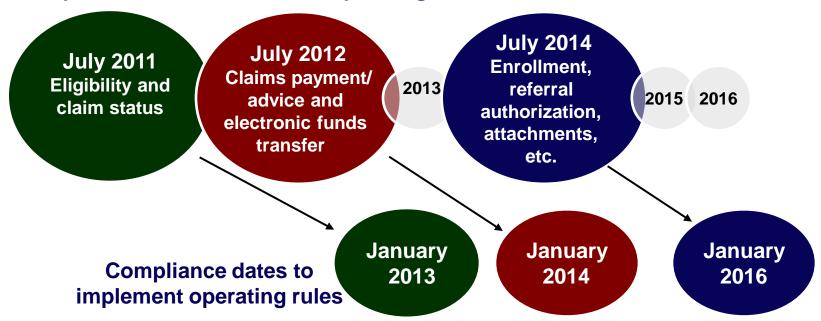
Exar	nples of Topics tha	t Healthcare Operating R	ules Address:
Data Content Enhances what your organization already supports	Addresses Need to Drive Further Industry Value in Transaction Processing	More Robust Eligibility Verification Plus Financials	Enhanced Error Reporting and Patient Identification
	Addresses Industry Needs for Common/ Accessible Documentation	Companion Guides	System Availability
<u>Infrastructure</u>	Addresses Industry- wide Goals for Architecture/ Performance/ Connectivity	Response Times	Connectivity and Security



ACA Mandated Operating Rules Approach

Operating rule writing and mandated implementation timeframe per ACA legislation

Adoption deadlines to finalize operating rules



NOTES:

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

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ACA Federal Compliance Requirements: *Highlights & Key Dates*

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

Note: There are two types of penalties related to compliance with the mandated operating rules1

	January 1, 2013 Compliance Date	December 31, 2013 Health Plan Certification Date	No Later than April 1, 2014 Health Plan Penalty Date
Key Area	HIPAA Mandated Implementation	ACA-required Hea	alth Plan Certification
Description	Who: All HIPAA covered entities Action: Implement CAQH CORE Eligibility & Claim Status Operating Rules	Who: Health plans Action: File statement with HHS certifying that data and information systems are in compliance with the standards and operating rules ²	Who: Health plans Action: HHS will assess penalties against health plans that have failed to meet the ACA compliance requirements for certification and documentation ²
Applicable Penalties	Amount: Due to HITECH, penalties for HIPAA non-compliance have increased, now up to \$1.5 million per entity per year	Amount: Fee amount equals \$1 per complete; penalties for failure to com amount equal to \$20 per covered life misrepresentation	ply cannot exceed on an annual basis an

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.

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 simplifying healthcare administration



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.

Mandated Eligibility and Claim Status Operating Rules



Mandated Eligibility & Claim Status Operating Rules: Five Months Until Compliance Deadline

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

The complete set of CAQH CORE Eligibility & Claim Status Operating Rules are available free of charge HERE.

*On September 22, 2011, NCVHS issued a <u>letter</u> recommending Acknowledgements be adopted as formally recognized standards and the CAQH CORE Operating Rules for these standards also be recognized.



Mandated Eligibility & Claim Status Operating Rules: Requirements Scope for HIPAA covered entities

Rules		High-Level Phase I & II CAQH CORE Requirements
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
Infrastructure	Eligibility, Benefits& Claims Status	 Connectivity via Internet and aligned with NHIN direction, e.g., supports plug and play method (SOAP and digital certificates and clinical/administrative alignment) Companion Guide – common flow/format Real-time and batch turnaround times (e.g., 20 seconds or less for real time and next day for batch System Availability service levels – minimum 86% availability per calendar week Eligibility/Benefits only: Enhanced Patient Identification and Error Reporting requirements Acknowledgements (transactional)*

^{*}NOTE: In the Final Rule for Administrative Simplification: Adoption of Operating Rules for Eligibility for a Health Plan and Health Care Claim Status

Transaction, requirements pertaining to use of Acknowledgements are NOT included for adoption. Although HHS is not requiring compliance with any operating rule requirements related to Acknowledgements, the Final Rule does note "we are addressing the important role acknowledgements play in EDI by strongly encouraging the industry to implement the acknowledgement requirements in the CAQH CORE rules we are adopting herein."

A PowerPoint overview of the Phase I & II CAQH CORE Rules is available HERE; the complete rule sets are available HERE.



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
 - <u>CAQH CORE 258</u>: Normalizing Patient Last Name Rule for Eligibility
 - <u>CAQH CORE 259</u>: 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 <u>157</u>: System Availability Rule
 - CAQH CORE <u>153</u> & CAQH CORE <u>270</u>: 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 "Wenplifying healthcare administration 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



Polling Question #1: Audience Profile

Choose the stakeholder type that best describes your organization

- Healthcare provider
- Health plan/payer
- Clearinghouse/intermediary
- Product/Services vendor
- Other



Voluntary CORE Certification Testing Demonstration











Voluntary CORE Certification Testing: Overview

- What: Voluntary CORE Certification is stakeholder-specific and demonstrates that an applicant's system(s) conform with CAQH CORE Operating Rules; a CORE Certification Seal is awarded to organizations that voluntarily complete CORE Certification Testing
- Why: Offers a mechanism to test an organization's ability to exchange transaction data with trading partners in accordance with the operating rules
 - Process offers useful, accessible and relevant guidance in meeting obligations under the CAQH CORE Operating Rules
 - Encourages trading partners to work together on data flow and content needs
 - Promotes maximum ROI when all entities in data exchange are known to conform with the operating rules
 - Testing done on-line by authorized testing entity
 - Testing and CORE Certification is <u>free</u> 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 simplifying healthcare administration



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 Phase I/Phase II CORE Certification Testing

- Follows Phase I and Phase II CORE Certification Test Suites including:
 - Guidance to help stakeholders better understand the various types of stakeholders to which the Eligibility & Claim Status Operating Rules apply
 - Key Rule Requirements
 - Conformance Testing Requirements
 - Detailed Step-By-Step Test Script
- Utilizes Edifecs Phase I and Phase II CORE Certification Testing Site
 - Test scripts are stakeholder specific and activated based upon user role selection
 - A complete list of all required test scripts are based upon your stakeholder role; the number of scripts varies by role
 - Allows user to satisfy multiple rule requirements through a single test script
 - Stakeholders can use site as much and as many times as they want and need
 - Can do combined testing for all Federally mandated operating rules for Eligibility and Claim Status





Voluntary CORE Certification: Demonstration Outline Objectives

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

ROL	ES
Information Source Health Plans or Clearinghouses	Information Requestor Providers, Clearinghouses or Vendors
Store eligibility, benefit and claim history data	Request eligibility, benefit and claim status data
Receive Eligibility and Benefit 270 Inquiries and provide 271 Responses	Send 270 Eligibility and Benefit Inquiries and receive 271 Responses
Receive Claim Status 276 Requests and provide 277 Responses	Send 276 Claim Status Requests and receive 277 Responses

- 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



Edifecs Live-Demonstration Outline

- 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

<u>#2</u>

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

<u>#3</u>

How an Information Requester can test for the mandated operating rules for Realtime 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 Address Need to Drive **Data Content:** More Robust Eligibility **Enhanced Error Reporting** Further Industry Value **Eligibility** Verification Plus Financials and Patient Identification in v5010 Investment Address Industry Needs for Companion System Common/ **Availability** Guides Accessible **Documentation** Infrastructure: Eligibility and Claim Status Acknowledgements* Response Times Address Industry-wide Goals for Architecture/ Performance/ Connectivity Connectivity and Security

*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." 26

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

Connectivity* Key Requirements

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

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

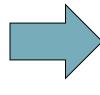
For more detail, see CORE Rules 153, 250 and 270

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)
- <u>Do not</u> 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 <u>153</u>, <u>250</u> and <u>270</u>







Eligibility 270/271 & Claim Status 276/277: Infrastructure Operating Rule Demo Test Script

Detailed Step-By-Step Test Script

Test#	Criteria	Expected Result	Actual Result	Pass/Fail		Stakeh	older ²⁸			
						Provider	Health Plan	Clearinghouse	Vendor	N/A 20
Real Tin	ne Connectivity Test Scripts									
1.	Implement and enforce one of two server (Key Rule Requirement #3	Submitter Authentication standards and #12)	on communications							
1.1	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					
1.2	Implement and enforce use of X.509 Certificate over SSL on communications <u>server</u> (Key Rule Requirement #3 and #12)	Communications server accepts a valid logon by a client using X.509 Certificate over SSL		Pass	☐ Fail		×	×	×	
2.		s per Test #1, implement capability t metadata for Real Time as a commu ')								

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

3.10	Phase II CORE 270 Connectivity Rule Certification Testing
3.10.1	Key Rule Requirements
3.10.2	Conformance Testing Requirements
3.10.3	Test Scripts Assumptions
2 10 4	Datailed Step by Step Test Series

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Eligibility 270/271 Transaction: 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, copayment, and deductible, and return the remaining deductible amount; include in-network and out-of-network coverage and financials for 48 required service types (benefits)

For more detail, see CORE Rules 154 and 260



Eligibility 270/271 Transaction: Data Content Operating Rule Demo Test Script

Detailed Step-By-Step Test Script

Test #	Criteria	Expected Result	Actual Result	Pass/Fail		Stakeh	older ²⁴		
1.	Create a valid v5010 271 response transaction as defined in the Phase II CORE rule specifying the <u>Health Plan</u> remaining deductible amount (Key Rule Reference #4)	Output a valid fully enveloped v5010 271 eligibility response transaction set with the correct Health Plan remaining deductible amount		Pass	☐ Fail	Provider	⊠Health Plan	× Vendor	N/A 25

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	Version 2.1.0
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See Phase II CORE Certification Test Suite. Each Rule requirement is provided in a numbered list.

3.10	Phase II CORE 270 Connectivity Rule Certification Testing
3.10.1	Key Rule Requirements
3.10.2	Conformance Testing Requirements
3.10.3	Test Scripts Assumptions
2 10 4	Detailed Ston has Ston Took Comins

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Live Demonstration

Execute Test Case #1

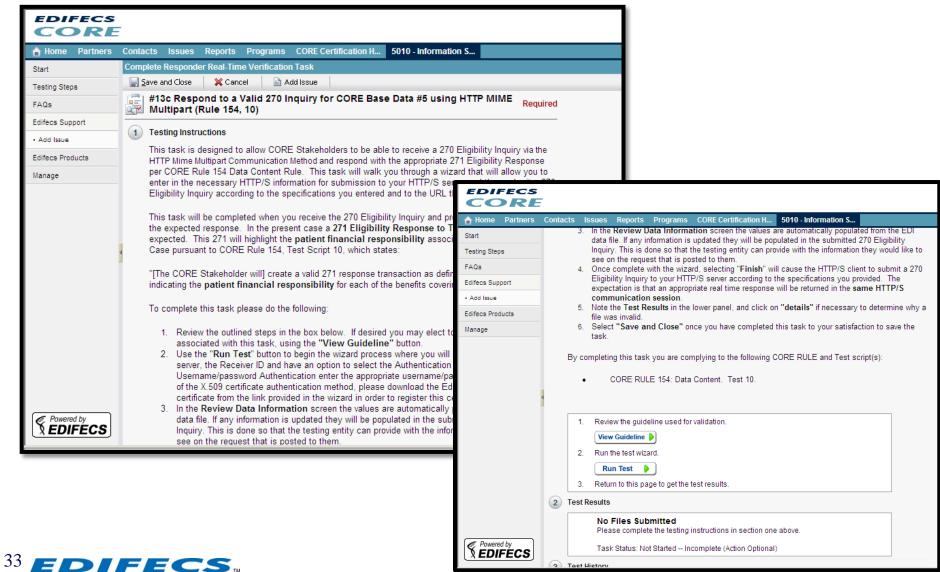
How an Information Source responds to an Eligibility Inquiry with an Eligibility Response when using the mandated Federal operating rule requirements regarding patient financial responsibility such as YTD deductible and Federally mandated operating rule requirements for Connectivity specific to SOAP+WSDL



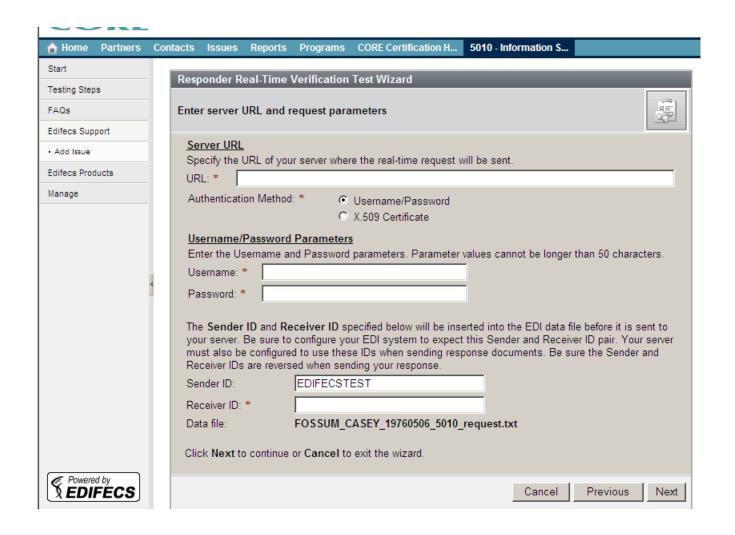
Test Case #1- 270 Inquiry with 270 Response: **Test Script Listing**



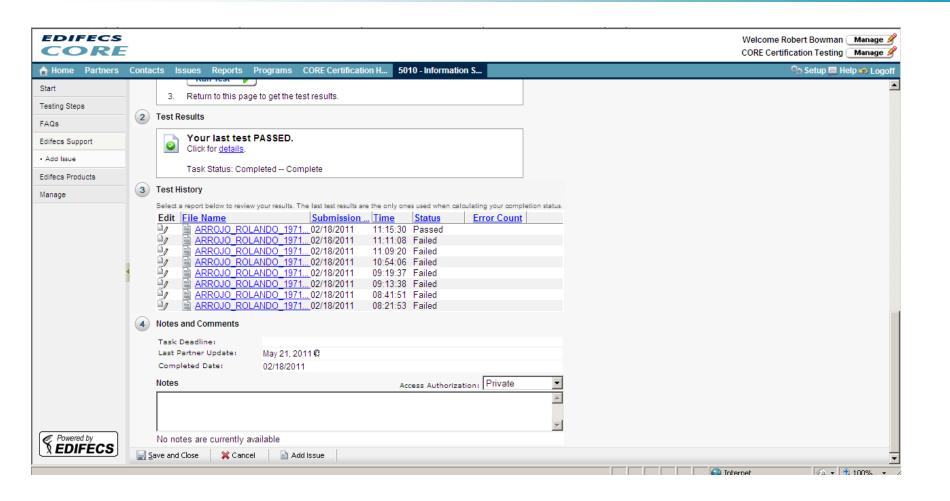
Test Case #1 - 270 Inquiry with 270 Response: **Testing Instructions**



Test Case #1- 270 Inquiry with 270 Response: Submit Test



Test Case #1- 270 Inquiry with 270 Response: Test Results



Eligibility 270/271 Transaction: Data Content Operating Rules

Enhanced Error Reporting and Patient Identification Key Requirements

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 CORErequired 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

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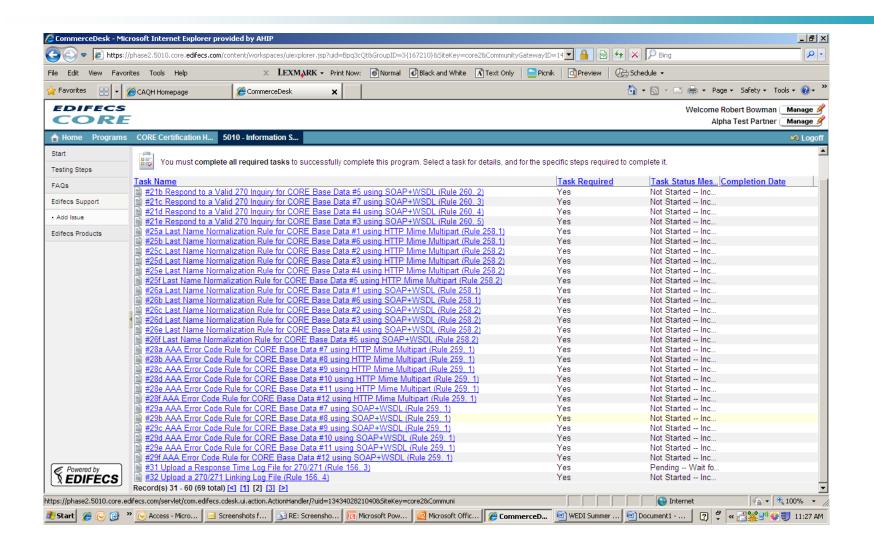
Live Demonstration

Navigate and View

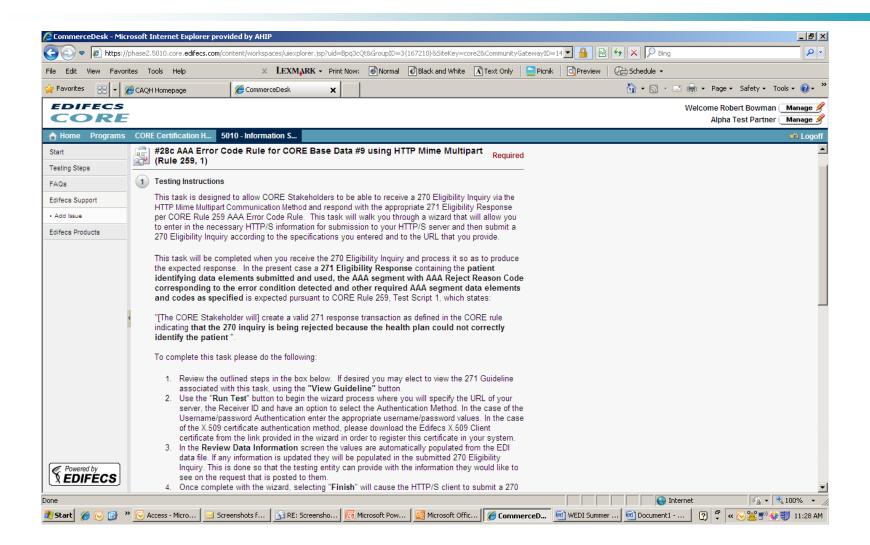
Certification Testing Task list and Test Instructions for Enhanced Error Reporting and Patient Identification certification testing task list and test instructions



ViewTest Script Listing for Last Name Normalization and AAA Error Code Rule



View Test Instructions for Last Name Normalization and AAA Error Code Rule



Eligibility 270/271 & Claim Status 276/277: *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 152 and 250



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

Detailed Step-By-Step Test Script

Test #	Criteria	Expected Result	Actual Result	Pass/Fail		Stakeholder 9				
						rovider	Health Plan	Clearinghouse	/endor	N/A 10
1.	Companion Document conforms to the flow and format of the CORE Master Companion Document Template	Submission of the Table of Contents of the 276/277 companion document, including an example of the v5010 276/277 content requirements		Pass	Fail		☒	Ă		Ó
2.	Companion Document conforms to the format for presenting each segment, data element and code flow and format of the CORE Master Companion Document Template	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		Pass	☐ Fail					

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

3.10	Phase II CORE 270 Connectivity Rule Certification Testing
3.10.1	Key Rule Requirements
3.10.2	Conformance Testing Requirements
3.10.3	Test Scripts Assumptions

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3.10.4 Detailed Step-by-Step Test Script

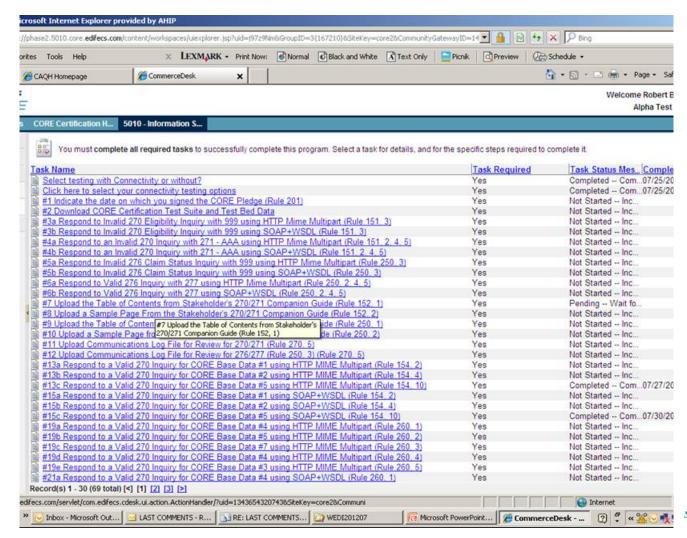
Live Demonstration

Execute Test Case #2

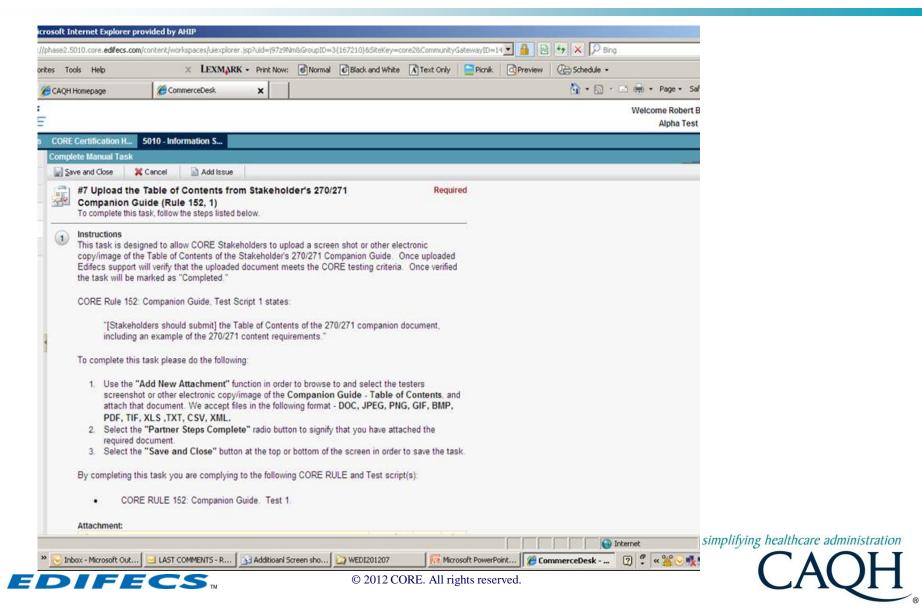
How an Information Source can test for the mandated operating rule requirements for a Companion Guide template; tests that the flow and format is consistent with the CAQH CORE Master Companion Guide Template



Infrastructure: Test Script Listing for Companion Guide Flow and Format



Infrastructure: Test Instructions for Companion Guide Flow and Format



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

System Availability Key Requirements

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.

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

Response Time Key Requirements

Phase I and Phase II CAQH CORE Operating Rules include **maximum response processing guidelines**:

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

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



Eligibility 270/271 & Claim Status 276/277: *Infrastructure Rule Test Script*

Detailed Step-By-Step Test Script

Test #	Criteria	Expected Result	Actual Result	Pass/Fail		Stakeholder ²⁶					
4)	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	Output a system- generated audit log report showing all required data elements.		Pass	☐ Fail	Provider	Health Plan	⊠ Clearinghouse	Vendor	N/A ²⁷	



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

3.1	Phase I CORE 150 Eligibility and Benefits Batch Acknowledgements Rule Certification Testing
3.1.1	Key Rule Requirements
3.1.2	Conformance Testing Requirements
212	Test Serints Assumptions

3.1.3 Test Scripts Assumptions
3.1.4 Detailed Step-By-Step Test Script

simplifying healthcare administration CAQH

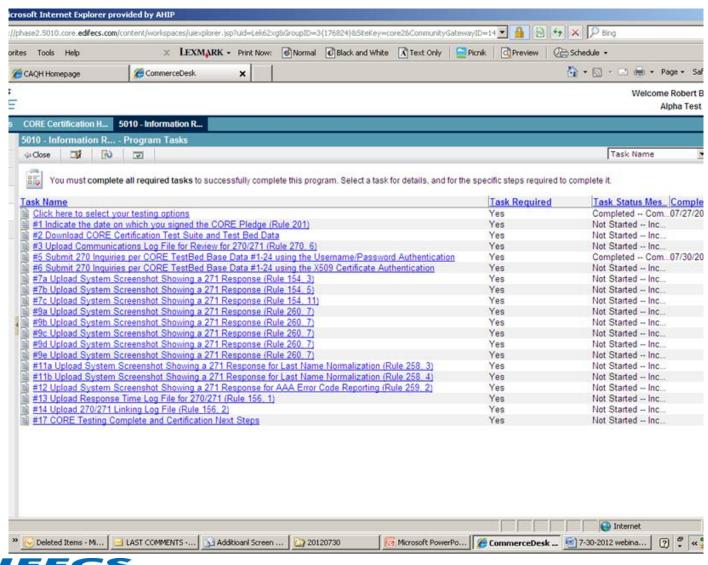
Live Demonstration

Execute Test Case #3

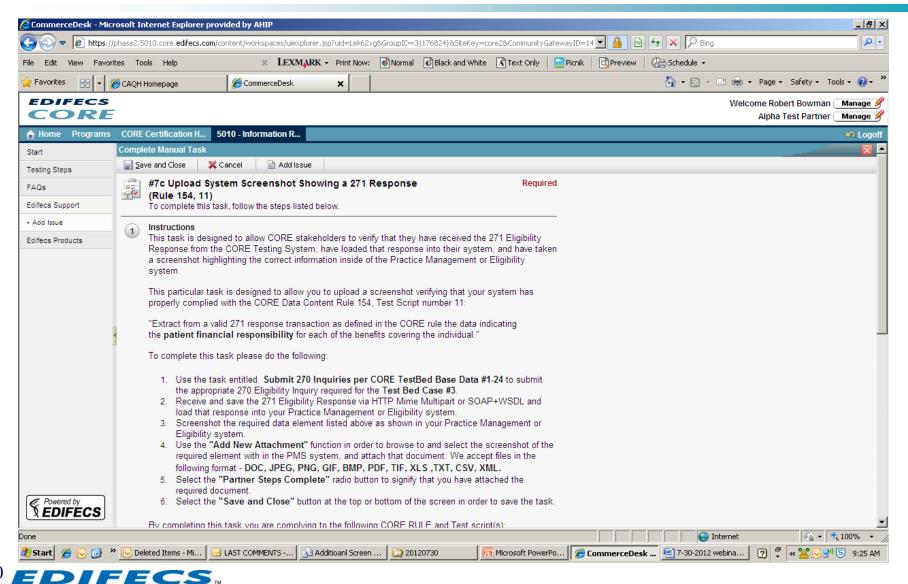
How an Information Requester can test for the mandated operating rules for Real-time Response for Eligibility; test that entity can demonstrate conformance with the Real Time Response Time requirement of 20 seconds



Infrastructure: Test Script Listing for Response Time Logging



Infrastructure: Test Instructions for Response Time Logging



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

Acknowledgements* Key Requirements

Phase I and Phase II CAQH CORE Operating Rules include **assurances that sent transactions are accurately received** and to facilitate health plan correction of errors in outbound messages.

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

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

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



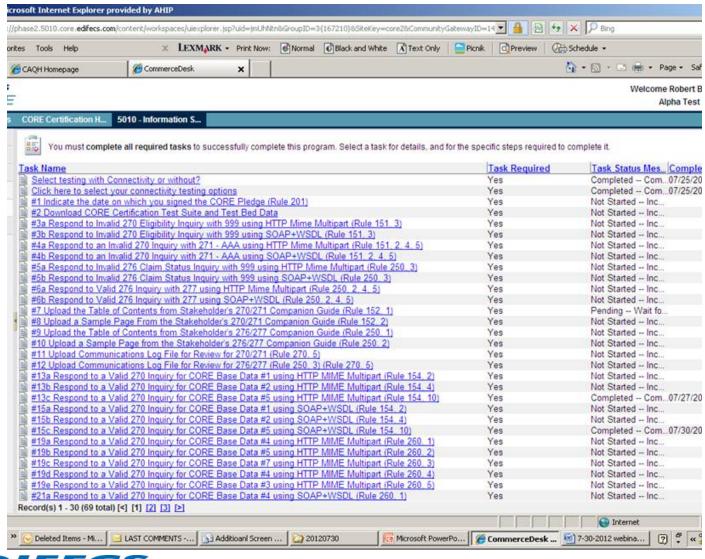
Live Demonstration

Navigate and View

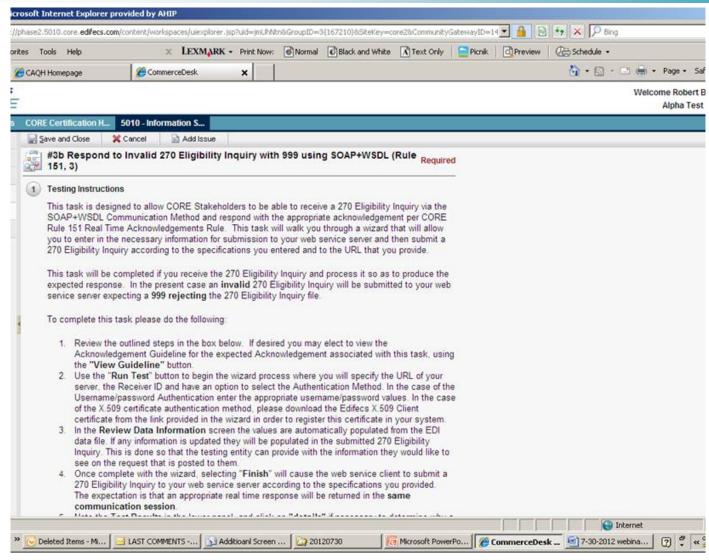
Certification Testing Task list and Test Instructions for Acknowledgements operating rule testing



Infrastructure: Test Script Listing for Acknowledgements



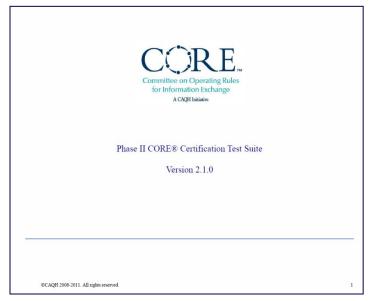
Infrastructure: Test Instructions for Acknowledgements



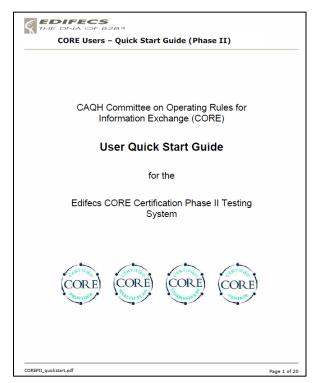
CORE Certification Testing Resources



Voluntary CORE Certification Testing Documentation



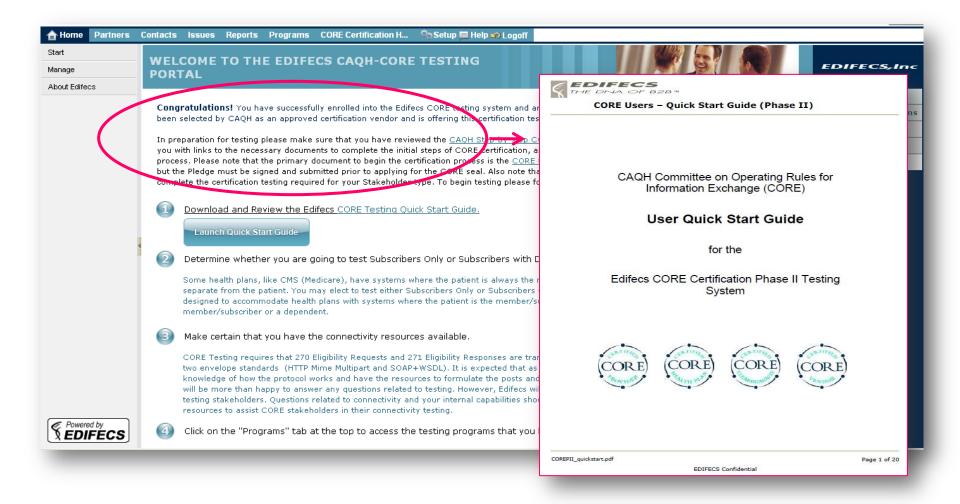
Phase I CORE Certification Test Suite
Phase II CORE Certification Test Suite



Edifecs CORE Users Quick Start Guide-Phase II

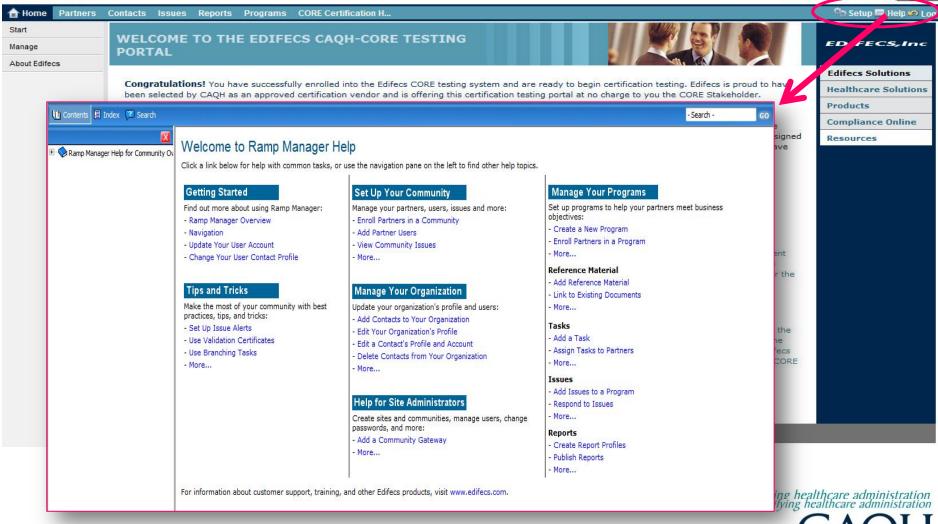


Edifecs CAQH-CORE Testing Portal & Start Guide





Edifecs CAQH-CORE Testing Portal Help Guide





CAQH CORE Operating Rule Implementation Support

- Interactive tools that are free or low cost, e.g.,
 - Analysis and Planning Guide
 - Information requests can be submitted to the CAQH CORE Request Process at <u>CORE@caqh.org</u>; facilitate referrals to others such as ASC X12 and CMS
 - Listing of FAQs
 - Learn the basics of voluntary <u>CORE Certification</u>
 - Voluntary CORE Certification, in conjunction with our CAQH CORE-authorized testing vendor
- Join us for a free CAQH CORE Education Event
 - Upcoming CAQH CORE Education Sessions
 - August 15th: Joint CAQH CORE/InstaMed Education Session (registration email forthcoming)
 - Upcoming Public CAQH CORE Town Hall Calls
 - September 11th, 3:00-4:00 pm ET
 - October 30th, 3:00-4:00 pm ET



Question & Answer

