1 **1.**   **CAQH CORE Attachments (275/837) Health Care Claim Infrastructure Rule Test Scenario**

1.1. CAQH CORE Attachments (275/837) Health Care Claim Infrastructure Rule Key Requirements

Note: This section identifies at a high level the key requirements of this rule. Refer to the rule document for the specific language of the rule which governs. Section numbers in parentheses following each key requirement refer to the specific rule section which applies.

Infrastructure Rule Requirements for Attachments using the X12 275 Transaction

Processing Mode Requirements for X12 275 Attachments (§4.1)

- A HIPAA covered health plan and its agent must implement server requirements for Batch Processing Mode.

- A HIPAA covered health plan and its agent may optionally implement server requirements for Real Time Processing Mode.

Connectivity Requirements for X12 275 Attachments (§4.2)

- HIPAA-covered entity and its agent must be able to support the ~~current~~ recent published and CAQH CORE adopted version of the CAQH CORE Connectivity Rule.

System Availability Requirements for X12 275 Attachments for X12 275 Attachments (§4.3)

- A HIPAA covered health plan and its agent's system availability must be no less than 86 percent per calendar week for both Real Time and Batch Processing Modes.

- A HIPAA covered health plan and its agent must publish their regularly scheduled system downtime in an appropriate manner.

- A HIPAA covered health plan and its agent must publish the schedule of non-routine downtime at least one week in advance.

- A HIPAA covered health plan and its agent must provide information within one hour of realizing downtime will be needed in the event of unscheduled/emergency downtime.

- No response is required during scheduled or unscheduled/emergency downtime(s).

- A HIPAA covered health plan and its agent must establish and publish its own holiday schedule.

Payload Acknowledgements and Response Time for X12 275 Attachments (§4.4)

- When any Functional Group of an X12 v6020X314 275 Attachment Transaction Set is accepted, accepted with errors, or rejected the HIPAA-covered health plan and its agent must return an X12 v6020X290 999 transaction.

- The X12 v6020X290 999 transaction must report each error detected to the most specific level of detail supported by the X12 v6020X290 999.

- Each HIPAA covered entity must support this maximum response time to ensure that at least 90 percent of all required responses are returned within the specified maximum response time as measured within a calendar month.

1.1. CAQH CORE Attachments (275/837) Health Care Claim Infrastructure Rule Key Requirements

- Each HIPAA covered entity must capture, log, audit, match and report the date (YYYYMMDD), time (HHMMSS) and control numbers from its own internal systems and the corresponding data received from its trading partners.

- When an X12 v6020X314 275 has been submitted by a HIPAA covered provider and its agent in Batch Processing Mode, by 9:00 pm Eastern Time of a business day, a X12 v6020X290 999 must be available for pick up by 7:00 am Eastern Time on the second business day following submission.

- When an X12 v6020X314 275 has been submitted by a HIPAA covered provider or its agent in Real Time Processing Mode, the maximum response time for the receipt of an X12 v6020X290 999 must be 20 seconds.

- The receiver of an X12 v6020X290 999 must:

  o Process any X12 v6020X290 999 within one business day of its receipt, and

  o Recognize all error conditions that can be specified using all standard acknowledgements named in this rule, and

  o Pass all such error conditions to the end user as appropriate

  Or

  o Display to the end user text that uniquely describes the specific error condition(s).

Data Handling Requirements for X12 275 Attachments (§4.5)

- At the Payload Processing Layer, the receiver of an X12 v6020X314 275 must return an X12 v6020X290 999 to notify providers and their agents (submitter/client) of the acceptance, acceptance with error, or rejection.

- At the Initial Data Content Processing Layer, if the receiver (server) responds, it must also return an X12 v6020X257 824 to notify providers and their agents (submitter/client) of the acceptance, acceptance with error, or rejection of the X12 v6020X314 275 transaction and the content of the Binary Data Segment (BDS) segment in the X12 v6020X314 275 in addition to the X12 v6020X290 999.

- A receiver of an X12 v6020X257 824 must return an X12 v6020X290 999 for each Functional Group of X12 v6020X257 824 to indicate that the that it was either accepted, accepted with errors, or rejected.

File Size Requirements for X12 275 Attachments (§4.6)

- A HIPAA-covered entity and its agent must be able to accept a Minimum 64MB of Base64 encoded data by their front-end servers when the encoded data received is exchanged via the X12 v6020X314 275.

- A HIPAA-covered entity and its agent must be able to accept a Minimum 64MB file size document by their internal document management systems used for holding and processing attachments.

- The receiver of an X12 v6020X314 275 must support the capability to receive multiple LX loops when the submitter (client) chooses to send multiple LX loops for one claim submission.

1.1. CAQH CORE Attachments (275/837) Health Care Claim Infrastructure Rule Key Requirements

Companion Guide Requirements for X12 275 Attachments (§4.7)

- A Companion Guide covering the X12 v6020X314 275 published by a HIPAA covered health plan and its agent must follow the format/flow as defined in the CAQH CORE ~~v5010~~ Master Companion Guide Template.

Electronic Policy Access of Required Information for X12 275 Attachments (§4.8)

- A health plan and its agent must offer ~~an~~ readily accessible electronic method to be determined by health plan and its agent for identifying the attachment-specific data needed to support a claim adjudication request by any trading partner (e.g., a healthcare provider).

Infrastructure Rule Requirements for Additional Documentation using the Non-X12 Method
Connectivity Requirements for Additional Documentation using CORE Connectivity using the Non-X12 Method (§5.1)

- If a HIPAA-covered entity and its agent elect to use CORE Connectivity as their non-X12 method of additional documentation submission, the most ~~current~~ recent published and CAQH CORE adopted version of the CAQH CORE Connectivity Rule.

System Availability and Reporting Requirements for Additional Documentation using the Non-X12 Method (§5.2)

- A HIPAA covered health plan and its agent's system availability must be no less than 86 percent per calendar week for both Real Time and Batch Processing Modes.

- A HIPAA covered health plan and its agent must publish their regularly scheduled system downtime in an appropriate manner.

- A HIPAA covered health plan and its agent must publish the schedule of non-routine downtime at least one week in advance.

- A HIPAA covered health plan and its agent must provide information within one hour of realizing downtime will be needed in the event of unscheduled/emergency downtime.

- No response is required during scheduled or unscheduled/emergency downtime(s).

- A HIPAA covered health plan and its agent must establish and publish its own holiday schedule.

File Size Requirements for Additional Documentation using the Non-X12 Method (§5.3)

- A HIPAA-covered entity and its agent must be able to accept a Minimum 64MB of Base64 encoded data by their front-end servers when the encoded data received is exchanged via a non-X12 method.

- A HIPAA-covered entity and its agent must be able to accept a Minimum 64MB file size document by their internal document management systems used for holding and processing attachments.

1.1. CAQH CORE Attachments (275/837) Health Care Claim Infrastructure Rule Key Requirements

Electronic Policy Access of Required Information using the Non-X12 Method (§5.4)

- A health plan and its agent must offer an electronic method to be determined by health plan and its agent for identifying the attachment-specific data needed to support a claim adjudication request by any trading partner (e.g., a healthcare provider).

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1.2. CAQH CORE Attachments (275/837) Health Care Claim Infrastructure Rule Conformance Testing Requirements

These scenarios test the following conformance requirements of the CAQH CORE Attachments (275/837) Health Care Claim Infrastructure Rule. Other requirements of this rule that may not be listed below are not included in this test scenario. Notwithstanding, CORE-certified entities are required to comply with all specifications of the rule not included in this test scenario. Note: Clearinghouses and/or vendors undergoing CORE Certification Testing should refer to Detailed Step-by-Step Test Scripts for applicable test scripts.

System Availability

Demonstrate its ability to publish to its trading partner community the following schedules for X12 275 Attachments and Non-X12 Methods:

- Its regularly scheduled downtime schedule, including holidays and
- Its notice of non-routine downtime showing schedule of times down, and
- A notice of unscheduled/emergency downtime notice.

Acknowledgements

- An X12 v6020X290 999 is returned to indicate either acceptance, acceptance with errors, or rejection a Functional Group of an X12 v6020X314 275 attachment transaction set when the ASC X12N v6020X314 275 is submitted in batch processing mode.
- An X12 v6020X290 999 is returned to indicate rejection only when the ASC X12N v6020X314 275 submitted in real time is rejected.

Response Time

- Demonstrate the ability to capture, log, audit, match, and report the date (YYYYMMDD), time (HHMMSS) and control numbers from its own internal systems and its trading partners.

Data Handling

- An X12 v6020X257 824 is returned to indicate either acceptance, acceptance with errors, or rejection of the X12 v6020X314 275 transaction and the content of the Binary Data Segment (BDS) segment.
- An X12 v6020X290 999 is returned to indicate either acceptance, acceptance with errors, or rejection for each Functional Group of an X12 v6020X257 824.

1.2. CAQH CORE Attachments (275/837) Health Care Claim Infrastructure Rule Conformance Testing Requirements

File Size

- Demonstrate the ability to accept a Minimum 64MB file size attachment by front-end servers and internal document management systems for X12 275 Attachments and Non-X12 Methods.

Companion Guide

Submission to a CAQH CORE-authorized Testing Vendor the following:

- A copy of the table of contents of its official X12 v6020X314 275 companion guide.

- A copy of a page of its official X12 v6020X314 275 companion guide depicting its conformance with the format for specifying the X12 v6020X314 275 data content requirements.

  - Such submission may be in the form of a hard copy paper document, an electronic document, or a URL where the table of contents and an example of the companion guide is located.

Electronic Policy Access

- Enable the CORE-authorized testing vendor to access and view health plan's electronic policies for identifying the attachment-specific data needed to support a claim adjudication.

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1.3. CAQH CORE Attachments (275/837) Health Care Claim Infrastructure Rule Test Scripts Assumptions

- The entity has implemented in its production environments the necessary policies, procedures and method(s) required to conform to the System Availability requirements.

- The test scripts will not include comprehensive testing requirements to test for all possible permutations of the CAQH CORE requirements of the rule.

- All communications sessions and logons are valid; no error conditions are created or encountered.

- The health plan's EDI management system generates a syntactically correct X12 interchange containing the X12 v6020X290 999 and X12 v6020X257 824 transactions.

- The detailed content of the companion guide will not be submitted to the CORE-authorized Testing Vendor.

- The detailed content of the companion guide will not be examined nor evaluated.

- The detailed content of attachment policies will not be examined nor evaluated.

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5   ***1.4. CAQH CORE Attachments (275/837) Health Care Claim Infrastructure Rule Detailed Step-By-Step Test Scripts***

6   CORE Certification Testing is not exhaustive. The CAQH CORE Certification Test Suite does not include comprehensive testing requirements that
7   test for all possible permutations of each rule. An individual test script may be testing for more than one item, and as noted in the "Stakeholder"
8   column, each test script tests for the role of the Stakeholder(s) to which the test script applies.

9   The Detailed Step-by-Step Test Scripts below specify the stakeholder type to which each test script applies. A stakeholder may indicate that a
10   specific test script does not apply to it. In this case the stakeholder is required to provide a rationale for why a specific test script is not applicable
11   and be prepared for a review of the rationale with CAQH CORE staff.

12   When establishing a Certification Test Profile with a CORE-authorized Testing Vendor a Vendor will be given the option to indicate if the product it
13   is certifying is a Provider-facing product or a Health Plan-facing product. Therefore, the Detailed Step-by-Step Test Scripts applicable to a Provider
14   apply to a Provider-facing product. Similarly, Detailed Step-by-Step Test Scripts applicable to a Health Plan apply to a Health Plan-facing product.

								Stakeholder *A checkmark in the box indicates the stakeholder type to which the test applies*			
Test #	**Criteria**	**Expected Result**	**Actual Result**	**Pass**	**Fail**	**N/A**		**Provider**	**Health Plan**	**Clearinghouse**	**Vendor**
1	Publication of regularly scheduled downtime, including holidays and method(s) for such publication	Submission of actual published copies of regularly scheduled downtime including holidays and method(s) of publishing		☐ Pass	☐ Fail	☐		☐	☒	☒	☒
2	Publication of non-routine downtime notice and method(s) for such publication	Submission of a sample notice of non-routine downtime including scheduled of down time and method(s) of publishing		☐ Pass	☐ Fail	☐		☐	☒	☒	☒
3	Publication of unscheduled/emergency downtime notice and method(s) for such publication	Submission of a sample notice of unscheduled/emergency downtime including method(s) of publishing		☐ Pass	☐ Fail	☐		☐	☒	☒	☒

System Availability for X12 275 Attachments

Acknowledgements for X12 275 Attachments										
Test #	Criteria	Expected Result	Actual Result	Pass	Fail	N/A	Stakeholder *A checkmark in the box indicates the stakeholder type to which the test applies*			
							Provider	Health Plan	Clearinghouse	Vendor
4	An X12 v6020X290 999 is returned on a rejected X12 Functional Group of ASC X12N v6020X314 275 in either real time or batch	An X12 v6020X290 999 is returned		☐ Pass	☐ Fail	☐	☐	☒	☒	☒
5	An X12 v6020X290 999 is not returned on an accepted X12 Functional Group of an X12N v6020X314 275 in real time	No X12 v6020X290 999 is returned		☐ Pass	☐ Fail	☐	☐	☒	☒	☒
6	An X12 v6020X290 999 is returned on any accepted ASC X12 Functional Group of an X12N v6020X314 275 in batch	An X12 v6020X290 999 is returned on any accepted ASC X12 Functional Group of an X12N v6020X314 275 in batch		☐ Pass	☐ Fail	☐	☐	☒	☒	☒

							Stakeholder			
		Response Time for X12 275 Attachments								
Test #	**Criteria**	**Expected Result**	**Actual Result**	**Pass**	**Fail**	**N/A**	*A checkmark in the box indicates the stakeholder type to which the test applies*			
							Provider	**Health Plan**	**Clearinghouse**	**Vendor**
7	Verify that outer most communications module(s) transmit all required data elements in the message. If the entity uses an alternate communication method to HTTP/S, the entity must store enough information from the X12 Interchange, Functional Group and Transaction Set to uniquely identify the transmission in addition to the times that the request was received and response was sent	Submission of the output a system-generated audit log report showing all required data elements		☐ Pass	☐ Fail	☐	☐	☒	☒	☒

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	Data Handling for X12 275 Attachments						**Stakeholder** *A checkmark in the box indicates the stakeholder type to which the test applies*			
Test #	**Criteria**	**Expected Result**	**Actual Result**	**Pass**	**Fail**	**N/A**	**Provider**	**Health Plan**	**Clearinghouse**	**Vendor**
8	An X12 v6020X257 824 is returned on a rejected X12 Functional Group of an X12N v6020X314 275 in either real time or batch.	An X12 v6020X257 824 is returned		☐ Pass	☐ Fail	☐	☐	☒	☒	☒
9	An X12 v6020X257 824 is returned on an accepted X12 Functional Group of an X12N v6020X314 275 in either real time or batch.	An X12 v6020X257 824 is returned		☐ Pass	☐ Fail	☐	☐	☒	☒	☒
10	An X12 v6020X290 999 is returned on a rejected X12 Functional Group of a X12 v6020X257 824.	An X12 v6020X290 999 is returned		☐ Pass	☐ Fail	☐	☒	☐	☒	☒
11	An X12 v6020X290 999 is returned on an accepted X12 Functional Group of an X12 v6020X257 824.	An X12 v6020X290 999 is returned		☐ Pass	☐ Fail	☐	☒	☐	☒	☒

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							Stakeholder			
File Size for X12 275 Attachments										
Test #	**Criteria**	**Expected Result**	**Actual Result**	**Pass**	**Fail**	**N/A**	*A checkmark in the box indicates the stakeholder type to which the test applies*			
							Provider	Health Plan	Clearinghouse	Vendor
12	Verify that front-end servers support the ability to accept a minimum of 64MB file size attachments.	Submission of screenshot of file size limitation policies.		☐ Pass	☐ Fail	☐	☐	☒	☒	☒
13	Verify that internal document manage systems support the ability to accept a minimum of 64MB file size attachments.	Submission of screenshot of file size limitation policies.		☐ Pass	☐ Fail	☐	☐	☒	☒	☒

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							Stakeholder			
		Companion Guide for X12 275 Attachments								
Test #	**Criteria**	**Expected Result**	**Actual Result**	**Pass**	**Fail**	**N/A**	*A checkmark in the box indicates the stakeholder type to which the test applies*			
							Provider	**Health Plan**	**Clearinghouse**	**Vendor**
14	Companion Guide conforms to the flow and format of the CAQH CORE ~~v5010~~ Master Companion Guide Template	Submission of the Table of Contents of the 275 companion guide, including an example of the X12N v6020X314 275 content requirements		☐ Pass	☐ Fail	☐	☐	☒	☒	☒
15	Companion Guide conforms to the format for presenting each segment, data element and code flow and format of the CAQH CORE ~~v5010~~ Master Companion Guide Template	Submission of a page of the X12N v6020X314 275 companion guide depicting the presentation of segments, data elements and codes showing conformance to the required presentation format		☐ Pass	☐ Fail	☐	☐	☒	☒	☒

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							Stakeholder			
							A checkmark in the box indicates the stakeholder type to which the test applies			
Test #	**Criteria**	**Expected Result**	**Actual Result**	**Pass**	**Fail**	**N/A**	**Provider**	**Health Plan**	**Clearinghouse**	**Vendor**
16	A health plan must offer an electronic method for identifying the attachment-specific data needed to support a claim adjudication	Enable the CAQH CORE-authorized Testing Vendor to access and view health plan's electronic policies for identifying the attachment-specific data needed to support a claim adjudication. OR Submit description that is shared with providers of how electronic methods for identifying attachment-specific data needed to support a claim adjudication may be accessed		☐ Pass	☐ Fail	☐	☐	☒	☒	☒

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							Stakeholder			
							A checkmark in the box indicates the stakeholder type to which the test applies			
Test #	**Criteria**	**Expected Result**	**Actual Result**	**Pass**	**Fail**	**N/A**	Provider	Health Plan	Clearinghouse	Vendor
17	Publication of regularly scheduled downtime, including holidays and method(s) for such publication	Submission of actual published copies of regularly scheduled downtime including holidays and method(s) of publishing		☐ Pass	☐ Fail	☐	☐	☒	☒	☒
18	Publication of non-routine downtime notice and method(s) for such publication	Submission of a sample notice of non-routine downtime including scheduled of down time and method(s) of publishing		☐ Pass	☐ Fail	☐	☐	☒	☒	☒
19	Publication of unscheduled/emergency downtime notice and method(s) for such publication	Submission of a sample notice of unscheduled/emergency downtime including method(s) of publishing		☐ Pass	☐ Fail	☐	☐	☒	☒	☒

Table header spanning row: System Availability for Non-X12 Methods

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Test #	Criteria	Expected Result	Actual Result	Pass	Fail	N/A	Provider	Health Plan	Clearinghouse	Vendor
							Stakeholder *A checkmark in the box indicates the stakeholder type to which the test applies*			
20	Verify that front-end servers support the ability to accept a minimum of 64MB file size attachments.	Submission of screenshot of file size limitation policies.		☐ Pass	☐ Fail	☐	☐	☒	☒	☒
21	Verify that internal document management systems support the ability to accept a minimum of 64MB file size attachments.	Submission of screenshot of file size limitation policies.		☐ Pass	☐ Fail	☐	☐	☒	☒	☒

File Size for Non-X12 Methods

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							Stakeholder			
Electronic Policy Access for Non-X12 Methods										
Test #	**Criteria**	**Expected Result**	**Actual Result**	**Pass**	**Fail**	**N/A**	A checkmark in the box indicates the stakeholder type to which the test applies			
							Provider	Health Plan	Clearinghouse	Vendor
22	A health plan must offer an electronic method for identifying the attachment-specific data needed to support a claim adjudication	Enable the CAQH CORE-authorized Testing Vendor to access and view health plan's electronic policies for identifying the attachment-specific data needed to support a claim adjudication. OR Submit description that is shared with providers of how electronic methods for identifying attachment-specific data needed to support a claim adjudication may be accessed		☐ Pass	☐ Fail	☐	☐	☒	☒	☒

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29 **2.** **CAQH CORE Attachments (275/837) Health Care Claims Data Content Rule Test Scenario**

2.1. *CAQH CORE Attachments (275/837) Health Care Claims Data Content Rule Key Requirements*
Note: This section identifies at a high level the key requirements of this rule. Refer to the rule document for the specific language of the rule which governs. Section numbers in parentheses following each key requirement refer to the specific rule section which applies.   ***Reassociation Requirements for X12 Methods (§4.1)***   • When a HIPAA-covered provider and its agent send an unsolicited X12 v6020X314 275 in support of an X12 v5010 837 Institutional or Professional Claim submission, PWK02 Code EL in Loop 2300/ Loop 2400 in the X12 v5010 837 Institutional or Professional Claim must be used to notify a HIPAA-covered health plan and its agent that additional documentation is being transmitted electronically using the Binary Data Segment (BDS) in X12 v6020X314 275.   • When a provider sends an X12 v6020X314 275 to support an X12 v5010 837 Health Care Claim submission, CAQH CORE recommends the use of the common reference data to be included on the X12 v6020X314 275 for patient identification and reassociation purposes.   • If a HIPAA-covered health plan utilizes the X12 v6020X313 277 Health Care Claim Request for Additional Information to request additional information to support the adjudication of an X12 v5010 837 Claim, the health plan should use the appropriate LOINC to request the most specific additional information needed to support the adjudication of an X12 837 Claim submission.   ***Reassociation Requirements for Non-X12 Methods (5.1)***   • When sending a non-X12 unsolicited attachment using CORE SOAP Connectivity Requirements §4.4.3 <SDO>_<PayloadType>_<Version>_<Sub-version> the provider and its agent may identify the <PayloadType> as specified.   • When sending a non-X12 unsolicited attachment using CORE REST Connectivity Requirements §5.3.2 Specifications for REST API URI Path Endpoints for Payload Types the provider and its agent may identify the REST API URI Path Endpoint as specified.   • A provider and its agent must include all available Attachment Data Elements as part of the attachment payload when sending additional information to facilitate reassociation to a health care claims transaction.

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2.2. CAQH CORE Attachments (275/837) Health Care Claims Data Content Rule Conformance Testing Requirements

These scenarios test the following conformance requirements of the CAQH CORE Attachments (275/837) Health Care Claim Infrastructure Rule. Other requirements of this rule that may not be listed below are not included in this test scenario. Notwithstanding, CORE-certified entities are required to comply with all specifications of the rule not included in this test scenario. Note: Clearinghouses and/or vendors undergoing CORE Certification Testing should refer to Detailed Step-by-Step Test Scripts for applicable test scripts.

Reassociation Requirements for X12 Methods

- Demonstrate ability to support necessary data elements in order to support the reassociation of an X12 v6020X314 275 to a X12 v5010 837 Health Care Claim.
- Demonstrate the ability to reassociate an X12 v6020X314 275 to a X12 v5010 837 Health Care Claim.

Reassociation Requirements for Non-X12 Methods

- Demonstrate the ability to reassociate a non X12 attachment to an X12 v5010 837 Health Care Claim using CORE SOAP Connectivity.
- Demonstrate the ability to reassociate a non X12 attachment to an X12 v5010 837 Health Care Claim using CORE REST Connectivity.
- Demonstrate the ability to include all available Attachment Data Elements as part of the attachment payload when sending additional information.

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2.3. CAQH CORE Attachments (275/837) Health Care Claims Data Content Rule Test Scripts Assumptions
• The test scripts will not include comprehensive testing requirements to test for all possible permutations of the CORE requirements of the rule.

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36   **2.4. CAQH CORE Attachments (275/837) Health Care Claims Data Content Rule Detailed Step-By-Step Test Scripts**

37   CORE Certification Testing is not exhaustive. The CAQH CORE Certification Test Suite does not include comprehensive testing requirements that
38   test for all possible permutations of each rule. An individual test script may be testing for more than one item, and as noted in the "Stakeholder"
39   column, each test script tests for the role of the Stakeholder(s) to which the test script applies.

40   The Detailed Step-by-Step Test Scripts below specify the stakeholder type to which each test script applies. A stakeholder may indicate that a
41   specific test script does not apply to it. In this case the stakeholder is required to provide a rationale for why a specific test script is not applicable
42   and be prepared for a review of the rationale with CAQH CORE staff.

43   When establishing a Certification Test Profile with a CORE-authorized Testing Vendor a Vendor will be given the option to indicate if the product it
44   is certifying is a Provider-facing product or a Health Plan-facing product. Therefore, the Detailed Step-by-Step Test Scripts applicable to a Provider
45   apply to a Provider-facing product. Similarly, Detailed Step-by-Step Test Scripts applicable to a Health Plan apply to a Health Plan-facing product.

Reassociation of X12 275 Attachments							**Stakeholder** *A checkmark in the box indicates the stakeholder type to which the test applies*			
Test #	**Criteria**	**Expected Result**	**Actual Result**	**Pass**	**Fail**	**N/A**	**Provider**	**Health Plan**	**Clearinghouse**	**Vendor**
23	Create a valid X12 v5010 837 Professional Claim transaction specifying PWK02 Code EL in Loop 2300/2400	Output a valid X12 v5010 837 Professional Claim transaction containing PWK02 Code EL in Loop 2300/2400		☐ Pass	☐ Fail	☐	☒	☐	☒	☒
24	A provider's system must be able to support the inclusion of the CAQH CORE common reference data on the X12 v6020X314 275 for patient identification and reassociation purposes in support an X12 v5010 837 Health Care Claim submission	Provide a screen print of the output of a X12 v6020X314 275 showing the inclusion of the CAQH CORE common reference data		☐ Pass	☐ Fail	☐	☒	☐	☒	☒

							Stakeholder			
							A checkmark in the box indicates the stakeholder type to which the test applies			
Test #	Criteria	Expected Result	Actual Result	Pass	Fail	N/A	Provider	Health Plan	Clearinghouse	Vendor
25	A health plan must send the most appropriate LOINC on the X12 v6020X313 277 Health Care Claim Request for Additional Information to request the most specific additional document needed to support the adjudication of an X12 837 Claim.	When submitting testing certification documentation to CAQH CORE, a health plan will be asked to sign an attestation form that its system can support the rule requirement.		☐ Pass	☐ Fail	☐	☐	☒	☒	☒

Reassociation of X12 275 Attachments

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							Stakeholder			
Test #	**Criteria**	**Expected Result**	**Actual Result**	**Pass**	**Fail**	**N/A**	*A checkmark in the box indicates the stakeholder type to which the test applies*			
							Provider	**Health Plan**	**Clearinghouse**	**Vendor**
26	A provider's system must be able to support the use of the CORE Connectivity SOAP Header for <PayloadType> when transmitting non-X12 unsolicited attachments.	When submitting testing certification documentation to CAQH CORE, a provider will be asked to sign an attestation form that its system can support the rule requirement.		☐ Pass	☐ Fail	☐	☒	☐	☒	☒
27	A provider's system must be able to support the use of the CORE Connectivity REST API URI Path Endpoints when transmitting non-X12 unsolicited attachments.	When submitting testing certification documentation to CAQH CORE, a provider will be asked to sign an attestation form that its system can support the rule requirement.		☐ Pass	☐ Fail	☐	☒	☐	☒	☒
28	A provider's system must be able to support the inclusion of the CAQH CORE Attachment Data Elements on non-X12 attachment payloads for patient identification and reassociation purposes in support of an X12 v5010 837 Health Care Claim submission	When submitting testing certification documentation to CAQH CORE, a provider will be asked to sign an attestation form that its system can support the rule requirement.		☐ Pass	☐ Fail	☐	☒	☐	☒	☒

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