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14 # 1. UPDATED: CORE Attributed Patient Roster (X12 005010X318 834) Infrastructure Rule Test Scenario

1.1 Key Rule 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.

Connectivity (§4.1)

- A communications session between all parties is successfully established in compliance with the most current published and CORE adopted version of the CORE Connectivity Rule; therefore, no error messages are created by any of communications servers.
- Automated transaction certification testing will be conducted between the entity and its selected authorized CORE certification testing vendor using the most current published and CORE adopted version of the CORE Connectivity Rule.

System Availability (§4.2)

- System availability must be no less than 90 percent per calendar week for both Real Time and Batch Processing Modes.
- A HIPAA-covered health plan and its agent may choose to use an additional 24 hours of scheduled system downtime per calendar quarter.
- A health plan and its agent must publish its regularly scheduled system downtime in an appropriate manner, non-routine downtime at least one week in advance, and its own holidays schedule.

Response Times (§4.3, 4.5)

- When an X12 v5010X318 834 has been submitted in Real Time Processing Mode by any entity, an ASC X12C v5010 999 must be returned with 20 seconds. In the case of a rejection of the ASC X12N v5010 834 Functional Group the ASC X12C v5010 999 must be returned within the same response time.
- When an X12 v5010X318 834 has been submitted in Batch Processing Mode by any entity by 9:00 pm Eastern Time of a business day, an ASC X12C v5010 999 must be available for pick up by 7:00 am Eastern Time on the third business day following submission.
- 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.
- 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.

Acknowledgements (§4.5, 4.6)

- When an X12 v5010X318 834 has been submitted in Real Time Processing Mode by any entity, an ASC X12C v5010 999 must be returned to indicate the acceptance, acceptance with errors, or rejection of the Functional Group of an ASC X12N v5010 834.
- When an X12 v5010X318 834 has been submitted in Batch Processing Mode by any entity, an ASC X12C v5010 999 must be returned to indicate the acceptance, acceptance with errors, or rejection of the Functional Group of an ASC X12N v5010 834.
- The ASC X12C v5010 999 must report each error detected to the most specific level of detail supported by the ASC X12C v5010 999.

1.1 Key Rule Requirements

Companion Guide (§4.7)

- A health plan that publishes a companion guide for the X12 v5010X318 834 transactions must follow the format/flow as defined in the CORE Companion Guide Template.
- When a HIPAA-covered health plan or its agent publishes a companion guide for the X12 v5010X318 834 transaction, it must include a language disclosure in the appendix that explains how socio-demographic information collected at enrollment, renewal, and maintenance is collected, exchanged, processed, and used. The disclosure must be hyperlinked in the table of contents for easy access.

Minimum Monthly Requirement to Send Roster (4.8)

- A health plan and its agent must send (or make available for pick-up) an updated patient roster via the X12 v5010X318 834 transaction to those providers for whom a value-based contract is in effect *at least* once per month.

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1.2 Conformance Testing Requirements

These scenarios test the following conformance requirements of the CORE Attributed Patient Roster (X12 005010X318 834) 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.

System Availability

Demonstrate its ability to publish to its trading partner community the following schedules:

- 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 ASC X12C v5010 999 is returned to indicate either acceptance, acceptance with errors, or rejection a Functional Group of an X12 v5010X318 834.

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.

Companion Guide

Submission to a CORE-authorized Testing Vendor the following:

- A copy of the table of contents of its official ASC X12N v5010 834 companion guide, and

1.2 Conformance Testing Requirements

- A copy of a page of its official X12 v5010X318 834 companion guide depicting its conformance with the format for specifying the X12 v5010X318 834 data content requirements.
- A copy of a page of its official ASC X12N v5010 834 companion guide depicting its conformance with the content requirements to include language disclosing collection, exchange, processing, and use of socio-demographic information collected at enrollment, renewal, and maintenance.
    - 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

*1.*3 Test Scripts Assumptions

- The entity has implemented in its production environments the necessary policies, procedures and method(s) required to conform to the requirements of the System Availability requirements.
- The test scripts will not include comprehensive testing requirements to test for all possible permutations of the 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 ASC X12 interchange containing the X12 v5010X318 834 and X12C v5010 999 transactions.
- Test scripts will test ONLY for valid and invalid ASC X12 Interchange, Functional Group, Transaction Set control segments and will not test for X12 v5010X318 834 and ASC X12C v5010 999 data content.
- 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.

1.4 Detailed Step-By-Step Test Scripts

CORE Certification Testing is not exhaustive. The CORE Certification Test Suite does not include comprehensive testing requirements that 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" column, each test script tests for the role of the Stakeholder(s) to which the test script applies.

The Detailed Step-by-Step Test Scripts below specify the stakeholder type to which each test script applies. A stakeholder may indicate that a 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 and be prepared for a review of the rationale with CORE staff. Vendor stakeholders must certify each specific product separately. Thus, when establishing a Certification Test Profile with a CORE-authorized Certification Testing Vendor a Vendor will be given the option to indicate if the product it 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 apply to a Provider-facing product. Similarly, Detailed Step-by-Step Test Scripts applicable to a Health Plan apply to a Health Plan apply to a Health Plan-facing product.

System Availability										
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
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	☐	☐	☒	☒	☒

Acknowledgements										
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 ASC X12C v5010 999 is returned on a rejected ASC X12 Functional Group of X12 005010X318 834 in either real time or batch.	An ASC X12C v5010 999 is returned.		☐ Pass	☐ Fail	☐	☐	☒	☒	☒
5	An ASC X12C v5010 999 is returned on any accepted ASC X12 Functional Group of an X12 005010X318 834 in either real time or batch.	An ASC X12C v5010 999 is returned.		☐ Pass	☐ Fail	☐	☐	☒	☒	☒

Response Time										
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
6	Verify that outer most communications module(s) transmits 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 ASC 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 of a system-generated audit log report showing all required data elements.		☐ Pass	☐ Fail	☐	☐	☒	☒	☒

Companion Guide										
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
1	Companion Guide conforms to the flow and format of the CORE Master Companion Guide Template.	Submission of the Table of Contents of the 834 companion guide, including an example of the 834 content requirements.		☐ Pass	☐ Fail	☐	☐	☒	☒	☒

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Companion Guide										
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**
2	Companion Guide conforms to the format for presenting each segment, data element and code flow and format of the CORE Master Companion Guide Template.	Submission of a page of the 834 companion guide depicting the presentation of segments, data elements and codes showing conformance to the required presentation format.		☐ Pass	☐ Fail	☐	☐	☒	☒	☒
3	Companion Guide conforms to the data content requirements for including language disclosing collection, exchange, processing, and use of socio-demographic information collected at enrollment, renewal, and maintenance.	Submission of a page of the 834 companion guide depicting the presentation of disclosure language.		☐ Pass	☐ Fail	☐	☐	☒	☒	☒

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2. UPDATED: CORE Attributed Patient Roster (005010X318 834) Data Content Rule Test Scenario

2.1 Key Rule 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.

Requirements for Providers, Information Receivers, Health Plans & their Agents (§4.1)

- When a health plan and its agent administering a value-based health plan to electronically deliver a current roster of patients covered by the VBP contract using the X12 v5010X318 834 transaction it must:
    - Identify the provider receiving the roster in Loop 1000B – Receiver Name.
    - Identify the Subscribers and Dependents covered by the value-based health plan as specified in Table 1: Applicable Loops and Segments - Patient (Subscriber/Dependent) Identifying Data Elements.
    - Identify the the details of the value-based health plan as specified in Table 2: Applicable Loops and Segments – Value-Based Health Plan Coverage.

Identification of Health Plan Contract (§4.2)

- A health plan and its agent must return the appropriate Health Plan Coverage information for each Subscriber and Dependent as specified in Table 2: Applicable Loops and Segments – Value-Based Health Plan Coverage segments and data elements. (§4.2)

Identification of Attributed Provider for Subscriber/Dependent (§4.3)

- A health plan and its agent must return the appropriate Attributed Provider Information for each Subscriber and Dependent as specified in the Table 3: Applicable Loops and Segments – Attributed Provider Identifying Information segments and data elements.

2.2 Conformance Testing Requirements

These scenarios test the following conformance requirements of the Attributed Patient Roster X12 005010X318 834 Data Content 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.

- Return the Subscribers covered by the value-based health plan.
- Return the Dependents covered by the value-based health plan.
- Return the the details of the value-based health plan.
- Return the Health Plan Coverage information for each Subscriber and Dependent.

2.3 Test Scripts Assumptions

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

2.4 Detailed Step-By-Step Test Script

REMINDER: CORE Certification Testing is not exhaustive. The CORE test suite does not include comprehensive testing requirements that test for all possible permutations of each rule. See Test Assumption above.

NOTE: The references in parentheses after each test script are references to the above rule items for which the test script is testing – items could be referring to Key Rule Requirement(s), the Conformance Testing Requirement(s) or the associated Test Script Assumption(s). An individual test script may be testing for more than one item, and as noted in the "Stakeholder" column, each test script tests for the role of the Stakeholder(s) to which the test script applies.

Test #	Criteria	Expected Result	Actual Result	Pass/Fail		Stakeholder				
						Provider	Health Plan	Clearinghouse	Vendor	N/A
1	Create a valid X12 005010X318 834 transaction as defined in the CORE rule specifying the Subscribers covered by the Attributed Patient Roster Data Content Rule.	Output a valid fully enveloped X12 005010X318 834 plan member reporting transaction set with the correct list of Subscribers for the Provider receiving the roster.		☐ Pass	☐ Fail	☐	☒	☒	☒	☐
2	Create a valid X12 005010X318 834 transaction as defined in the CORE rule specifying the Dependents covered by the Attributed Patient Roster (X12 005010X318 834) Data Content Rule.	Output a valid fully enveloped X12 005010X318 834 plan member reporting transaction set with the correct list of Dependents for the Provider receiving the roster.		☐ Pass	☐ Fail	☐	☒	☒	☒	☐
3	Create a valid X12 005010X318 834 transaction as defined in the CORE rule specifying the health plan coverage and details of the Attributed Patient Roster (X12 005010X318 834) Data Content Rule for each Subscriber and Dependent.	Output a valid fully enveloped X12 005010X318 834 plan member reporting transaction set with the health plan coverage and details for all Subscribers and Dependents for the Provider receiving the roster.		☐ Pass	☐ Fail	☐	☒	☒	☒	☐