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16 **1. NEW: CORE Claim Acknowledgment (277CA) Data Content 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.

Requirements for Health Plans (§4.1)

Association of the X12 v5010 277CA with Its Corresponding Health Care Claim (§4.1.2)

- A health plan and its agent must return any data elements from Table 2 of §3.5 that were included in the X12 v5010 837 Professional, X12 v5010 837 Institutional, and X12 v5010 837 Dental submissions from providers along with the X12 v5010 277CA data elements from Table 3 of §3.5 to support association of the X12 v5010 277CA transaction with its corresponding X12 v5010 837 Claim transaction.

Alignment of Claim Category Status Codes and Claim Status Codes to Health Care Claim Line Items (Services) (§4.1.3)

- A health plan and its agent must receive and process X12 v5010 837 Professional, X12 v5010 837 Institutional, or X12 v5010 837 Dental transactions from providers containing the data content in the loops and segments indicated in Table 4 of §3.5.
- A health plan and its agent must return any data elements from Table 4 of §3.5 that were included in the X12 v5010 837 Professional, X12 v5010 837 Institutional, and X12 v5010 837 Dental submissions from providers along with the X12 v5010 277CA data elements from Table 5 of §3.5 to support aligning error codes on a X12 v5010 277CA to line items (services) on its corresponding X12 v5010 837 Claim transaction.
- When health plans and their agents return X12 v5010 277CA transactions with claim-level (2200D-STC) CSCCs and CSCs to providers, they must include the data content in the claim-level loops and segments indicated in Table 3 of §3.5, when the data is submitted on the X12 v5010 837 Claim transaction.
- When health plans and their agents return X12 v5010 277CA transactions with line level (2220D-STC) CSCCs and CSCs to providers, they must include the data content in the line level loops and segments indicated in Table 5 of §3.5, when the data is submitted on the X12 v5010 837 Claim transaction.

Uniform Use of Claim Status Category Codes & Claim Status Codes (§4.1.5)

- A health plan or its agent must align its internal codes and corresponding business scenarios to the CORE-defined Claim Rejection Business Scenarios specified in §4.1.4 and the CSCC + CSC code combinations specified in the CORE-required Code Combinations for CORE-defined Claim Rejection Business Scenarios.xlsx.
- A health plan or its agent must support the maximum CORE-required CSCC + CSC combinations in the X12 v5010 277CA as specified in CORE-required Code Combinations for CORE-defined Claim Rejection Business Scenarios.xlsx.

Claim Acknowledgment Response Scenarios (§4.1.6)

- When a health plan and its agent detect an error related to the unit of work, the most specific CSCC + CSC code combination must be returned in Loop ID 2200B STC segment.
- When the health plan and its agent detect an error related to a billing provider's group of claims, the most specific CSCC + CSC code combination must be returned in Loop ID 2200C STC segment.
- When a health plan and its agent detect an error related to any other error related to the claim, the most specific CSCC + CSC code combination must be returned in Loop ID 2200D STC segment.

1.1. Key Rule Requirements

- When health plans and their agents detect an error related to the line item (service), the most specific CSCC + CSC code combination must be returned in Loop ID 2220D STC segment.

General Requirements *(§4.2)*

Detection and Display of 277CA Data Elements (§4.2.2)

- Detect and extract all data elements to which the rule applies.
- Display or otherwise make the data appropriately available to the end user without altering the semantic meaning of the data content.

Detection and Display of CORE-required Code Combinations for CORE-defined Claim Rejection Business Scenarios (§4.2.2)

- When receiving a X12 v5010 277CA, a product extracting the data (e.g., a vendor's provider-facing system or solution) from the X12 v5010 277CA for manual processing must make available to the end user:
    - Text describing the CSCC + CSC reject error codes included in the transaction, ensuring that the actual wording of the text displayed accurately represents the corresponding code description specified in the code lists without changing the meaning and intent of the description.

  AND

    - Text describing the corresponding CORE-defined Claim Rejection Business Scenario.

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1.2. Conformance Testing Requirements

These scenarios test the following conformance requirements of the CORE Claim Acknowledgment (277CA) 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.

- The ability to associate a X12 v5010 277CA with its corresponding X12 v5010 837 using CORE Master Test Bed Data.
- The ability to align Claim Category Status Codes and Claim Status Codes included on a X12 v5010 277CA to Health Care Claim Line Items on a corresponding X12 v5010 837 using CORE Master Test Bed Data
- Health plan must align its internal codes and corresponding business scenarios to the CORE-defined Claim Rejection Business Scenarios and maximum CORE-required CSCC + CSC combinations in the X12 v5010 277CA.
- A vendor's provider-facing system or solution must be able to extract and make available to the end-user appropriate text accurately describing the business scenario and meaning of the code combination.

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1.3. 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.

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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.

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 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-facing product.

Association of the X12 v5010 277CA with Its Corresponding Health Care Claim										
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	Create a valid X12 v5010 277CA transaction that can be associated to a submitted X12 v5010 837 Professional transaction using CORE Master Test Bed Data.	Output a valid X12 v5010 277CA transaction containing association information from a corresponding X12 v5010 837 Professional transaction.		☐ Pass	☐ Fail	☐	☐	☒	☒	☒
2	Create a valid X12 v5010 277CA transaction that can be associated to a submitted X12 v5010 837 Institutional transaction using CORE Master Test Bed Data.	Output a valid X12 v5010 277CA transaction containing association information from a corresponding X12 v5010 837 Institutional transaction.		☐ Pass	☐ Fail	☐	☐	☒	☒	☒
3	Create a valid X12 v5010 277CA transaction that can be	Output a valid X12 v5010 277CA transaction containing		☐ Pass	☐ Fail	☐	☐	☒	☒	☒

Association of the X12 v5010 277CA with Its Corresponding Health Care Claim										
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**
	associated to a submitted X12 v5010 837 Dental transaction using CORE Master Test Bed Data.	association information from a corresponding X12 v5010 837 Dental transaction.								

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Alignment of Claim Category Status Codes and Claim Status Codes to Health Care Claim Line Items (Services)										
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	Create a valid X12 v5010 277CA transaction that align error codes to line items on a submitted X12 v5010 837 Professional transaction using CORE Master Test Bed Data.	Output a valid X12 v5010 277CA transaction that align CSCCs and CSCs to a corresponding X12 v5010 837 Professional transaction.		☐ Pass	☐ Fail	☐	☐	☒	☒	☒

Alignment of Claim Category Status Codes and Claim Status Codes to Health Care Claim Line Items (Services)										
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**
5	Create a valid X12 v5010 277CA transaction that align error codes to line items on a submitted X12 v5010 837 Institutional transaction using CORE Master Test Bed Data.	Output a valid X12 v5010 277CA transaction that align CSCCs and CSCs to a corresponding X12 v5010 837 Institutional transaction.		☐ Pass	☐ Fail	☐	☐	☒	☒	☒
6	Create a valid X12 v5010 277CA transaction that align error codes to line items on a submitted X12 v5010 837 Dental transaction using CORE Master Test Bed Data.	Output a valid X12 v5010 277CA transaction that align CSCCs and CSCs to a corresponding X12 v5010 837 Dental transaction.		☐ Pass	☐ Fail	☐	☐	☒	☒	☒

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Uniform Use of Claim Status Category Codes & Claim Status Codes										
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**
7	Health plan must align its internal codes and corresponding business scenarios to the CORE-defined Claim Rejection Business Scenarios and maximum CORE-required CSCC + CSC combinations in the X12 v5010 277CA.	Submission of a signed attestation form that systems have been modified to map the CORE-defined Claim Rejection Business Scenarios and maximum CORE-required CSCC + CSC combinations.		☐ Pass	☐ Fail	☐	☐	☒	☒	☒

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Detection and Display of Data										
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**
8	A vendor's provider-facing system or solution must be able to extract and make available to the end-user appropriate text accurately describing the business scenario and meaning of the code combinations.	Submit a screen shot of the claim acknowledgment showing that the required information is displayed.		☐ Pass	☐ Fail	☐	☒	☐	☒	☒