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16 **1. CORE Payment & Remittance EFT Enrollment Data 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.

Requires that:

CORE-required Maximum EFT Enrollment Data Elements (§4.2)

1. A health plan (or its agent or vendors offering EFT enrollment) is required to collect no more data elements than the maximum data elements defined in *CORE-required Maximum EFT Enrollment Data Set Companion Document*.
2. Both the Individual Data Element name and its associated description must be used by a health plan (or its agent or vendors offering EFT enrollment) when collecting EFT enrollment data either electronically or via a manual paper-based process.
3. The Individual Data Element Name and its associated description must not be modified.
4. When a Data Element Group (DEG) is designated as required, all of the Individual Data Elements designated as required within the DEG must be collected by the health plan.
    a. Data Element Groups are composed of Data Elements that can be logically related where each single discrete data element can form a larger grouping or a set of data elements.
5. Individual Data Elements designated as optional may be collected depending on the business needs of the health plan.
6. When a DEG is designated as optional, the collection of the optional DEG is at the discretion of the health plan.
7. When a health plan exercises its discretion to collect an optional DEG, any included Individual Data Element designated as required must be collected.
8. When a health plan collects an optional Individual Data Element that is composed of one more optional Sub-element, the optional Sub-element may be collected at the discretion of the health plan.
9. When a health plan collects a required Individual Data Element that is composed of one or more optional Sub-elements, the optional Sub-element may be collected at the discretion of the health plan.
10. Not collecting an Individual Data Element identified as optional does not constitute a non-conforming use of the CORE-required Maximum Enrollment Data Set.
11. The collection of multiple occurrences of DEGs for another context does not constitute a non-conforming use of the CORE-required Maximum Enrollment Data Set.
12. When an enrollment is being changed or cancelled, the health plan must make available to the provider instructions on the specific procedure to accomplish a change in their enrollment or to cancel their enrollment.

CORE Master Template for Collecting Manual Paper-Based Enrollment EFT Enrollment Data (§4.3.1)

13. The name of the health plan (or its agent or the vendor offering EFT) and the purpose of the form will be on the top of the form, e.g., Health Plan X: Electronic Funds Transfer (EFT) Authorization Agreement.

1.1. Key Rule Requirements

14. A health plan (or its agent or a vendor offering EFT) is required to use the format, flow, and data set including data element descriptions of the CORE-required Maximum EFT Enrollment Data Set as the CORE Master EFT Enrollment Submission Form when using a manual paper-based enrollment method.
15. All CORE-required EFT Enrollment data elements must appear on the paper form in the same order as they appear in the *CORE-required Maximum EFT Enrollment Data Set Companion Document*.
16. A health plan (or its agent) cannot revise or modify:
    a. The name of a CORE Master EFT Enrollment Data Element Name
    b. The usage requirement of a CORE Master EFT Enrollment Data Element
    c. The Data Element Group number of a CORE Master EFT Enrollment Data Element
17. Beyond the data elements and their flow, a health plan (or its agent) must:
    a. Develop and make available to the healthcare provider (or its agent) specific written instructions and guidance for the healthcare provider (or its agent) when completing and submitting the enrollment form, including when using paper
    b. Provide a number to fax and/or a U.S. Postal Service or email address to send the completed form
    c. Include contact information for the health plan, specifically a telephone number and/or email address to send questions
    d. Include authorization language for the provider to read and consider
    e. Include a section in the form that outlines how the provider can access online instructions for how the provider can determine the status of the EFT enrollment
    f. Clearly label any appendix describing its purpose as it relates to the provider enrolling in EFT
    g. Inform the provider that it must contact its financial institution to arrange for the delivery of the CORE-required Minimum CCD+ data elements needed for reassociation of the payment and the ERA. *See CORE EFT & ERA Reassociation (CCD+/835) Rule*

CORE Master Template for Electronic Enrollment EFT Enrollment Data (§4.3.2)

18. When electronically enrolling a healthcare provider in EFT, a health plan (or its agent) must use the CORE Master EFT Enrollment Data Element Name and Sub-element Name as specified in the *CORE-required Maximum EFT Enrollment Data Set Companion Document* without revision or modification.
19. The flow, format and data set including data element descriptions established by this rule must be followed.
20. When using an XML-based electronic approach, the Data Element Name and Sub-element Name must be used exactly as represented in the table enclosed in angle brackets (i.e., < >) for the standard XML element name; and all spaces replaced with an underscore [_] character, e.g., <Provider_Address>.
21. A health plan (or its agent or vendors offering EFT enrollment) will offer an electronic way for provider to complete and submit the EFT enrollment.

CORE Electronic Safe Harbor for EFT Enrollment to Occur Electronically (§4.4)

22. Specifies that all health plans and their respective agents must implement and offer to any trading partner a secured electronic method and process for collecting the CORE-required Maximum EFT Enrollment Data Set.

1.1. Key Rule Requirements
23. A health plan must develop and make available to the healthcare provider (or its agent) specific written instructions and guidance for the healthcare provider (or its agent) when providing and submitting the data elements in the *CORE-required Maximum EFT Enrollment Data Set Companion Document*.
Instructions for Electronic Enrollment (§4.5)
24. A health plan must develop and make available to the healthcare provider (or its agent) specific written instructions and guidance for the healthcare provider (or its agent) when providing and submitting the data elements in the *CORE-required Maximum EFT Enrollment Data Set Companion Document*. The health plan's specific instructions and guidance are not addressed in this CORE rule.
Confirmation of Receipt of an Electronic Enrollment Submission (§4.6.1)
25. When a provider or its agent clicks "submit", or a similar command button on an electronic enrollment form after completing all data fields, the system must return a submission receipt indicating to the provider or its agent that the completed enrollment form was successfully received, and information about the "next steps" for enrollment processing in 24 hours or less. 26. This timeframe requirement must be met at least 90 percent of the time per calendar month.
Confirmation of Completed Processing of an Electronic Enrollment Submission (§4.6.2)
27. When a health plan or its agent successfully processes an enrollment, disenrollment or enrollment change it must send an electronic notification to the provider or its agent to communicate that the request was completed in 2 weeks or less for provider enrollments. 28. This timeframe requirement must be met at least 90 percent of the time per calendar month.
Disclosure of Applicable EFT Fees (§4.7)
29. A health plan or its agent must disclose any associated fees for receiving EFT payments that are incurred to the provider as part of the EFT enrollment process, when such fees are known.
Alternative Electronic Payments Opt-in and Opt-out (§4.8)
30. A health plan or its agent must provide readily accessible guidance on how a provider can either opt in or opt out of non-EFT electronic payment methods (e.g., virtual credit card) or additional value-added services, if offered.
Time Frame for Rule Compliance (§4.5)
31. Not later than the date that is six months after the date of certification, a health plan or its agent that uses a paper-based form to collect and submit the CORE-required Maximum EFT Enrollment Data Set must convert all its paper-based forms to comply with the data set specified in this rule. 32. If a health plan or its agent does not use a paper-based manual method and process to collect the CORE-required Maximum EFT Enrollment Data Set at time of certification, it is not required by this rule to implement a paper-based manual process on or after the date of certification. 33. It will be expected that at the time of certification all electronic EFT enrollment will meet this rule requirement and that, upon certification, the health plan (or its agent) will inform its providers that an electronic option is now available, if not previously available.

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1.2. Conformance Testing Requirements

These scenarios test the following conformance requirements of the CORE Payment & Remittance EFT Enrollment Data 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.

1. Health plans must use the CORE-required Maximum EFT Enrollment Data Set for electronic enrollment.
2. Health plans must use the CORE-required Maximum EFT Enrollment Data Set for paper-based enrollment.
3. Health plans must conform to the CORE EFT Master Template flow and format when collecting the CORE-required Maximum EFT Enrollment Data Set for electronic enrollment.
4. Health plans must conform to the CORE EFT Master Template flow and format when collecting the CORE-required Maximum EFT Enrollment Data Set for paper-based enrollment.
5. Health plans must offer a secured electronic method for EFT enrollment.
6. Health plans must provide confirmation of receipt of an electronic enrollment submission.
7. Health Plans must provide a confirmation when an electronic enrollment is successfully processed.
8. A health plan must disclose fees for receiving EFT payments that are incurred onto the provider.
9. A health plan must provide guidance on how to opt in or opt out of non-EFT electornic payment methods.
10. The required timeframe for conversion of proprietary paper forms to compliant paper forms is six months from date of certification.

1.3. Test Scripts Assumptions

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

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.

Test #	Criteria	Expected Result	Actual Result	Pass/Fail		Stakeholder [1]				
						Provider	Health Plan	Clearinghouse	Vendor	N/A [2]
1.	A health plan must use the CORE Master EFT Enrollment Data Element Name and Sub-element Name as specified for manual paper-based enrollment without revision or modification.	Submit a copy of complete paper EFT enrollment form.		☐ Pass	☐ Fail	☐	☒	☒	☒	☐
2.	A health plan must use the CORE Master EFT Enrollment Data Element Name and Sub-element Name as specified for electronic enrollment without revision or modification.	Submit a copy of a screen shot of the complete electronic EFT enrollment form.		☐ Pass	☐ Fail	☐	☒	☒	☒	☐
3.	A health plan must use the CORE EFT Master Template format flow when using a manual paper-based enrollment method.	Submit a copy of complete paper EFT enrollment form		☐ Pass	☐ Fail	☐	☒	☒	☒	☐

[1] A checkmark in the box indicates the stakeholder type to which the test applies.

[2] If you believe a specific test, or a portion of a specific test, does not apply to your system, check the N/A box and submit a statement describing your rationale.

Test #	Criteria	Expected Result	Actual Result	Pass/Fail		Stakeholder [1]				
						Provider	Health Plan	Clearinghouse	Vendor	N/A [2]
4.	A health plan must use the CORE EFT Master Template format flow for electronic enrollment method.	Submit a copy of a screen shot of the complete electronic EFT enrollment form		☐ Pass	☐ Fail	☐	☒	☒	☒	☐
5.	A health plan must implement a secured electronic method and process for collecting the CORE-required Maximum EFT Enrollment Data Set.									
a.		Enable the CORE-authorized Testing Vendor to access and view health plan's online enrollment system.		☐ Pass	☐ Fail	☐	☒	☒	☒	☐
OR										
b.		Submit description that is shared with providers of how enrollment is offered electronically and submit a copy of the complete electronic EFT enrollment capability, e.g., screen shots, security measures.		☐ Pass	☐ Fail	☐	☒	☒	☒	☐
6.	Display the submission receipt of the electronic EFT enrollment form submission data fields.	Submission of actual notification confirming successful receipt of the request.		☐ Pass	☐ Fail	☐	☒	☒	☒	☐
7.	Display the completed processing receipt of the electornic EFT enrollment form.	Submission of actual notification confirming successful processing of enrollment.		☐ Pass	☐ Fail	☐	☒	☒	☒	☐

Test #	Criteria	Expected Result	Actual Result	Pass/Fail		Stakeholder [1]				
						Provider	Health Plan	Clearinghouse	Vendor	N/A [2]
8.	A health plan must disclose any associated fees for receiving EFT payments that are incurred to the provider.	Submit disclosure that is shared with providers of applicable EFT fees.		☐ Pass	☐ Fail	☐	☒	☒	☒	☐
9.	A health plan must provide readily accessible guidance on how a provider can either opt in or opt out of non-EFT electronic payment methods.	Submit description of opt-in and opt-out guidance shared with providers.		☐ Pass	☐ Fail	☐	☒	☒	☒	☐
10.	Not later than 6 months from date of CORE Certification a health plan must convert its existing paper-based forms to comply with the CORE-required data set.	When submitting testing certification documentation to CORE, a health plan will be asked to sign an attestation form attesting that its existing paper-based forms have been/will be converted to the CORE-required data set. Six months from date of certification, CORE will follow-up with certified entity to confirm usage.		☐ Pass	☐ Fail	☐	☒	☒	☒	☐

2. CORE Payment & Remittance ERA Enrollment Data 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.

Requires that:

CORE-required Maximum ERA Enrollment Data Elements (§4.2)

1. A health plan (or its agent or vendors offering ERA enrollment) is required to collect no more data elements than the maximum data elements defined in *CORE-required Maximum ERA Enrollment Data Set Companion Document*.
2. Both the Individual Data Element name and its associated description must be used by a health plan (or its agent or vendors offering ERA enrollment) when collecting ERA enrollment data either electronically or via a manual paper-based process.
3. The Individual Data Element Name and its associated description must not be modified.
4. When a Data Element Group (DEG) is designated as required, all of the Individual Data Elements designated as required within the DEG must be collected by the health plan.
    a. Data Element Groups are composed of Data Elements that can be logically related where each single discrete data element can form a larger grouping or a set of data elements.
5. Individual Data Elements designated as optional may be collected depending on the business needs of the health plan.
6. When a DEG is designated as optional, the collection of the optional DEG is at the discretion of the health plan.
7. When a health plan exercises its discretion to collect an optional DEG, any included Individual Data Element designated as required must be collected.
8. When a health plan collects an optional Individual Data Element that is composed of one more optional Sub-element, the optional Sub-element may be collected at the discretion of the health plan.
9. When a health plan collects a required Individual Data Element that is composed of one or more optional Sub-elements, the optional Sub-element may be collected at the discretion of the health plan.
10. Not collecting an Individual Data Element identified as optional does not constitute a non-conforming use of the CORE-required Maximum Enrollment Data Set.
11. The collection of multiple occurrences of DEGs for another context does not constitute a non-conforming use of the CORE-required Maximum Enrollment Data Set.
12. When an enrollment is being changed or cancelled, the health plan must make available to the provider instructions on the specific procedure to accomplish a change in their enrollment or to cancel their enrollment.

CORE Master Template for Collecting Manual Paper-Based Enrollment ERA Enrollment Data (§4.3.1)

13. The name of the health plan (or its agent or the vendor offering ERA) and the purpose of the form will be on the top of the form, e.g., Health Plan X: Electronic Funds Transfer (ERA) Authorization Agreement.

2.1. Key Rule Requirements

14. A health plan (or its agent or a vendor offering ERA) is required to use the format, flow, and data set including data element descriptions of the CORE-required Maximum ERA Enrollment Data Set as the CORE Master ERA Enrollment Submission Form when using a manual paper-based enrollment method.
15. All CORE-required ERA Enrollment data elements must appear on the paper form in the same order as they appear in the *CORE-required Maximum ERA Enrollment Data Set Companion Document*
16. A health plan (or its agent) cannot revise or modify:
    a. The name of a CORE Master ERA Enrollment Data Element Name
    b. The usage requirement of a CORE Master ERA Enrollment Data Element
    c. The Data Element Group number of a CORE Master ERA Enrollment Data Element
17. Beyond the data elements and their flow, a health plan (or its agent) must:
    a. Develop and make available to the healthcare provider (or its agent) specific written instructions and guidance for the healthcare provider (or its agent) when completing and submitting the enrollment form, including when using paper
    b. Provide a number to fax and/or a U.S. Postal Service or email address to send the completed form
    c. Include contact information for the health plan, specifically a telephone number and/or email address to send questions
    d. Include authorization language for the provider to read and consider
    e. Include a section in the form that outlines how the provider can access online instructions for how the provider can determine the status of the ERA enrollment
    f. Clearly label any appendix describing its purpose as it relates to the provider enrolling in ERA
    g. Inform the provider that it must contact its financial institution to arrange for the delivery of the CORE-required Minimum CCD+ data elements needed for reassociation of the payment and the ERA. *See CORE ERA & ERA Reassociation (CCD+/835) Rule*

CORE Master Template for Electronic Enrollment ERA Enrollment Data (§4.3.2)

18. When electronically enrolling a healthcare provider in ERA, a health plan (or its agent) must use the CORE Master ERA Enrollment Data Element Name and Sub-element Name as specified in the *CORE-required Maximum ERA Enrollment Data Set Companion Document* without revision or modification.
19. The flow, format and data set including data element descriptions established by this rule must be followed.
20. When using an XML-based electronic approach, the Data Element Name and Sub-element Name must be used exactly as represented in the table enclosed in angle brackets (i.e., < >) for the standard XML element name; and all spaces replaced with an underscore [_] character, e.g., <Provider_Address>.
21. A health plan (or its agent or vendors offering ERA enrollment) will offer an electronic way for provider to complete and submit the ERA enrollment.

CORE Electronic Safe Harbor for ERA Enrollment to Occur Electronically (§4.4)

22. Specifies that all health plans and their respective agents must implement and offer to any trading partner a secured electronic method and process for collecting the CORE-required Maximum ERA Enrollment Data Set.

2.1. Key Rule Requirements

23. A health plan must develop and make available to the healthcare provider (or its agent) specific written instructions and guidance for the healthcare provider (or its agent) when providing and submitting the data elements in the *CORE-required Maximum ERA Enrollment Data Set Companion Document*.

Instructions for Electronic Enrollment (§4.5)

24. A health plan must develop and make available to the healthcare provider (or its agent) specific written instructions and guidance for the healthcare provider (or its agent) when providing and submitting the data elements in the *CORE-required Maximum ERA Enrollment Data Set Companion Document*. The health plan's specific instructions and guidance are not addressed in this CORE rule.

Confirmation of Receipt of an Electronic Enrollment Submission (§4.6.1)

25. When a provider or its agent clicks "submit", or a similar command button on an electronic enrollment form after completing all data fields, the system must return a submission receipt indicating to the provider or its agent that the completed enrollment form was successfully received, and information about the "next steps" for enrollment processing in 24 hours or less.
26. This timeframe requirement must be met at least 90 percent of the time per calendar month.

Confirmation of Completed Processing of an Electronic Enrollment Submission (§4.6.2)

27. When a health plan or its agent successfully processes an enrollment, disenrollment or enrollment change it must send an electronic notification to the provider or its agent to communicate that the request was completed in 2 weeks or less for provider enrollments.
28. This timeframe requirement must be met at least 90 percent of the time per calendar month.

Time Frame for Rule Compliance (§4.5)

29. Not later than the date that is six months after the date of certification, a health plan or its agent that uses a paper-based form to collect and submit the CORE-required Maximum ERA Enrollment Data Set must convert all its paper-based forms to comply with the data set specified in this rule.
30. If a health plan or its agent does not use a paper-based manual method and process to collect the CORE-required Maximum ERA Enrollment Data Set at time of certification, it is not required by this rule to implement a paper-based manual process on or after the date of certification.
31. It will be expected that at the time of certification all electronic ERA enrollment will meet this rule requirement and that, upon certification, the health plan (or its agent) will inform its providers that an electronic option is now available, if not previously available.

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2.2. Conformance Testing Requirements

These scenarios test the following conformance requirements of the CORE Payment & Remittance ERA Enrollment Data 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.

1. Health plans must use the CORE-required Maximum ERA Enrollment Data Set for electronic enrollment.
2. Health plans must use the CORE-required Maximum ERA Enrollment Data Set for paper-based enrollment.
3. Health plans must conform to the CORE ERA Master Template flow and format when collecting the CORE-required Maximum ERA Enrollment Data Set for electronic enrollment.

2.2. Conformance Testing Requirements
4. Health plans must conform to the CORE ERA Master Template flow and format when collecting the CORE-required Maximum ERA Enrollment Data Set for paper-based enrollment.
5. Health plans must offer a secured electronic method for ERA enrollment.
6. Health plans must provide confirmation of receipt of an electronic enrollment submission.
7. Health Plans must provide a confirmation when an electronic enrollment is successfully processed.
8. The required timeframe for conversion of proprietary paper forms is six months from date of certification.

2.3. Test Scripts Assumptions
1. The test scripts will 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 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.

Test #	Criteria	Expected Result	Actual Result	Pass/Fail		Stakeholder [3]				
						Provider	Health Plan	Clearinghouse	Vendor	N/A [4]
1.	A health plan must use the CORE Master ERA Enrollment Data Element Name and Sub-element Name as specified for manual paper-based enrollment without revision or modification.	Submit a copy of complete paper ERA enrollment form.		☐ Pass	☐ Fail	☐	☒	☒	☒	☐
2.	A health plan must use the CORE Master ERA Enrollment Data Element Name and Sub-element Name as specified for electronic enrollment without revision or modification.	Submit a copy of a screen shot of the complete electronic ERA enrollment form.		☐ Pass	☐ Fail	☐	☒	☒	☒	☐
3.	A health plan must use the CORE ERA Master Template format flow when using a manual paper-based enrollment method.	Submit a copy of complete paper ERA enrollment form		☐ Pass	☐ Fail	☐	☒	☒	☒	☐

[3] A checkmark in the box indicates the stakeholder type to which the test applies.

[4] If you believe a specific test, or a portion of a specific test, does not apply to your system, check the N/A box and submit a statement describing your rationale.

Test #	Criteria	Expected Result	Actual Result	Pass/Fail		Stakeholder [3]				
						Provider	Health Plan	Clearinghouse	Vendor	N/A [4]
4.	A health plan must use the CORE ERA Master Template format flow for electronic enrollment method.	Submit a copy of a screen shot of the complete electronic ERA enrollment form		☐ Pass	☐ Fail	☐	☒	☒	☒	☐
5.	A health plan must implement a secured electronic method and process for collecting the CORE-required Maximum ERA Enrollment Data Set.									
a.		Enable the CORE-authorized Testing Vendor to access and view health plan's online enrollment system.		☐ Pass	☐ Fail	☐	☒	☒	☒	☐
OR										
b.		Submit description that is shared with providers of how enrollment is offered electronically and submit a copy of the complete electronic ERA enrollment capability, e.g., screen shots, security measures.		☐ Pass	☐ Fail	☐	☒	☒	☒	☐
6.	Display the submission receipt of the electronic ERA enrollment form submission data fields.	Submission of actual notification confirming successful receipt of the request.		☐ Pass	☐ Fail	☐	☒	☒	☒	☐
7.	Display the completed processing receipt of the electornic ERA enrollment form.	Submission of actual notification confirming successful processing of enrollment.		☐ Pass	☐ Fail	☐	☒	☒	☒	☐
8.	Not later than 6 months from date of CORE Certification a	When submitting testing certification documentation to		☐ Pass	☐ Fail	☐	☒	☒	☒	☐

Test #	Criteria	Expected Result	Actual Result	Pass/Fail		Stakeholder [3]				
						Provider	Health Plan	Clearinghouse	Vendor	N/A [4]
	health plan must convert its existing paper-based forms to comply with the CORE-required data set.	CORE, a health plan will be asked to sign an attestation form attesting that its existing paper-based forms have been/will be converted to the CORE-required data set. Six months from date of certification, CORE will follow-up with certified entity to confirm usage.								