CAQH CORE and Edifecs: Voluntary CORE Certification

Determining Your Conformance with CAQH CORE’s Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Operating Rules

June 10, 2013
1pm – 2:30pm ET
Participating in Today’s Interactive Event

• Download a copy of today’s presentation [HERE](#)
• The phones will be muted upon entry and during the presentation portion of the session
• At any time throughout today’s session, you may communicate with our panelists via the web
  – Submit your questions on-line *at any time* by entering them into the Q&A panel on the right-hand side of the WebEx desktop
  – On-line questions will be addressed first
• There will be an opportunity for the audience to submit questions through the telephone during today’s presentation
  – When directed by the operator, press * followed by the number one (1) on your keypad
Session Topics

• Welcome and Introduction
• ACA-mandated EFT & ERA Operating Rules
  – Timeline and Compliance Requirements
  – Scope and Importance of Trading Partners
• Voluntary CAQH CORE Certification
  – Step-By-Step Process & Master Test Suite
• Phase III CORE EFT & ERA Voluntary CORE Certification Testing
  – About Edifecs: An Independent, CORE-authorized Testing Vendor
  – Testing for Information Sources
    • Live Demonstration – 3 Test Cases
    • Additional Test Scripts for Reference
  – Testing for Information Requestors (Providers, Clearinghouse & Vendors)
• Lessons Learned from Beta Testers
• Q&A
Today’s Panelists

• **Vijay Bhuttar**, Director of Product Management, Edifecs
  - As the Director of Product Management, Vijay Bhuttar owns Operating Rules and ICD-10 solutions at Edifecs. His responsibilities include developing solutions that help Edifecs clients analyze and address areas of improvement in information exchange and processing. Vijay has over 13 years of experience working in different functional areas of healthcare insurance, such as Cleveland Clinic, Kaiser Permanente and Providence Health & Services.

• **Shruti Ramamurthy**, Senior Business Analyst, Edifecs
  - Shruti is a Sr. Business Analyst at Edifecs. She is responsible for implementing the combined CORE Phase I/II 5010 and the CORE Phase III EFT/ERA Edifecs testing Portal along with another colleague. She has been working with Edifecs for over 10 years.

• **Bob Bowman**, CORE Manager, CAQH CORE
  - Bob is a CAQH Manager and the CORE technical lead for operating rules development and CORE certification testing.
Audience Demographics*

- **Registrations** – 730 (as of 11:30am 6/10/2013)
- **Stakeholder Type**
  - Health Plans – 50%
  - Providers – 25%
  - Vendors – 10%
  - Gov. Agencies – 8%
  - Clearinghouse – 6%
- **Progress toward implementing EFT/ERA Operating Rules?**
  - Completed – 4%
  - Well Underway – 30%
  - Planning and Analysis – 41%
- **Eligibility and Claim Status Operating Rules Implementation**
  - Complete – 30%

*All information are approximations as of 11:30am 6/10/2013*
ACA Section 1104 Compliance Requirements:  
*CAQH CORE EFT & ERA Operating Rules*
ACA Mandated Operating Rules Compliance Dates: Required for all HIPAA Covered Entities

Operating rules encourage an interoperable network and are therefore vendor agnostic

Compliance in Effect as of January 1, 2013

• Eligibility for health plan
• Claims status transactions
  HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules

Implement by January 1, 2014

• Electronic funds transfer (EFT) transactions
• Health care payment and remittance advice (ERA) transactions
  HIPAA covered entities will need to conduct these transactions using the CAQH CORE Operating Rules

Implement by January 1, 2016

• Health claims or equivalent encounter information
• Enrollment and disenrollment in a health plan
• Health plan premium payments
• Referral certification and authorization
• Health claims attachments

Rule requirements available.
EFT Standard and EFT & ERA Operating Rules: Required of All HIPAA Covered Entities

- **EFT & ERA Operating Rules**: April 2013 CMS announces [CMS-0028-IFC](#) should be considered the Final Rule and is now in effect
  - Adopts Phase III CAQH CORE Operating Rules for the Electronic Funds Transfer (EFT) and Health Care Payment and Remittance Advice (ERA) transactions *except for rule requirements pertaining to Acknowledgements*.
  - CMS also confirms that the CORE Code Maintenance processes updates are immediately effective.

- **Healthcare EFT Standard**: July 2012 CMS announces [CMS-0024-IFC](#) is in effect
  - Adopts the NACHA ACH CCD plus Addenda Record (CCD+) and the X12 835 TR3 TRN Segment as the HIPAA mandated healthcare EFT standard.

Compliance date for both the Healthcare EFT Standard and EFT & ERA Operating Rules is January 1, 2014

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* [CMS-0028-IFC](#) excludes requirements pertaining to acknowledgements.
ACA-mandated EFT & ERA Operating Rules

Scope and Importance of Trading Partners
## Mandated EFT & ERA Operating Rules: January 1, 2014 Requirements Scope

<table>
<thead>
<tr>
<th>Data Content</th>
<th>High-Level Requirements</th>
</tr>
</thead>
</table>
| **Uniform Use of CARCs and RARCs (835) Rule**
  Claim Adjustment Reason Code (CARC)
  Remittance Advice Remark Code (RARC)
  Rule 360 | - Identifies a *minimum* set of four CAQH CORE-defined Business Scenarios with a *maximum* set of CAQH CORE-required code combinations that can be applied to convey details of the claim denial or payment to the provider |
| **EFT Enrollment Data Rule**
  Rule 380 | - Identifies a maximum set of standard data elements for EFT enrollment
  - Outlines a flow and format for paper and electronic collection of the data elements
  - Requires health plan to offer electronic EFT enrollment |
| **ERA Enrollment Data Rule**
  Rule 382 | - Similar to EFT Enrollment Data Rule |
| **EFT & ERA Reassociation (CCD+/835) Rule**
  Rule 370 | - Addresses provider receipt of the CAQH CORE-required Minimum ACH CCD+ Data Elements required for re-association
  - Addresses elapsed time between the sending of the v5010 835 and the CCD+ transactions
  - Requirements for resolving late/missing EFT and ERA transactions
  - Recognition of the role of NACHA Operating Rules for financial institutions |
| **Health Care Claim Payment/Advice (835) Infrastructure Rule**
  Rule 350 | - Specifies use of the CAQH CORE Master Companion Guide Template for the flow and format of such guides
  - Requires entities to support the Phase II CAQH CORE Connectivity Rule.
  - Includes batch Acknowledgement requirements*
  - Defines a dual-delivery (paper/electronic) to facilitate provider transition to electronic remits |

* CMS-0028-IFC excludes requirements pertaining to acknowledgements.
Importance of Trading Partner Relationships

**Roles in Certification Testing**

- **HIPAA-covered entities** including healthcare clearinghouses, health plans, and providers, work together to exchange transaction data in a variety of ways.

- **Non-HIPAA-covered entities** (e.g. vendors) play a crucial role in enabling their provider and Health Plan clients to realize the benefits of industry adoption of CAQH CORE Operating Rules; these entities may act as Business Associates on behalf of a HIPAA covered entity:
  - 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.

- Identifying the roles and responsibilities of an entity’s trading partners is an important step in preparing for CORE Certification Testing:
  - Access the CAQH CORE [Analysis and Planning Guide](#) for help identifying your trading partners role in implementation and certification testing.
Trading Partner Relationships:  
*Examples*

- The scope of a Health Plan or Provider’s implementation of mandated operating rules will depend upon the extent to which they work with clearinghouses, vendors, PMS’s, e.g.,
  - Example A
    - Health Plan or Provider implements CAQH CORE Operating Rules in their entirety
    - Operating Rule implementation and Certification Testing is independent of any clearinghouse/vendor relationship
  - Example B
    - One aspect of the Mandated EFT/ERA Operating Rules (i.e. connectivity) is outsourced to a Clearinghouse or Vendor
      - Clearinghouse/Vendor acts as a proxy for agreed upon functions
    - Both Health Plan/Provider and clearinghouse/vendor pursue implementation activities concurrently
  - Example C
    - Clearinghouse or Vendor supports Phase III CAQH CORE Operating Rules in their entirety
      - Clearinghouse/Vendor acts as a proxy for agreed upon functions
    - Clearinghouse/Vendor’s implementation is independent of its relationship to health plan or provider
Trading Partner Relationships:

Key Health Plan Considerations

- The majority of the CAQH CORE EFT & ERA Operating Rule requirements apply to health plan systems and processes.
- If your health plan outsources to a clearinghouse or business associate the processing of the ASC X12 v5010 835 or Healthcare EFT Standard transactions to providers you may have some unique implementation considerations:
  - Depending on the scenario, the health plan may not need to implement some rule requirements directly while the clearinghouse/intermediary/business associate will need to implement them on behalf of the health plan.
  - For the EFT and ERA transactions, intermediaries/business associates may include other types of entities not involved in the implementation of the ACA-mandated Phase I and II CAQH CORE Eligibility and Claim Status Operating Rules, such as third-party payment vendors; the entity, therefore, might have different trading partners to consider when implementing the CAQH CORE EFT & ERA Operating Rules.
Voluntary CORE Certification
Step-By-Step Process

Phase III CORE EFT & ERA Operating Rules
About Voluntary CORE Certification

• Since its inception, CAQH CORE has offered a voluntary CORE Certification to health plans, vendors, clearinghouses, and providers
  – Voluntary CORE Certification provides verification that your IT systems or product operates in accordance with the federally mandated operating rules
  – CORE Certification is stakeholder-specific
    • Each entity completes testing specific to their stakeholder type in order to become CORE Certified

• CAQH CORE Certification is available for the following transactions
  – Eligibility and Claim Status (Phase I and Phase II)
  – EFT and ERA (Phase III) – Available Now!

• Key Benefits
  – Provides all organizations across the trading partner network 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
  – Offers vendors practical means for informing potential and current clients on which of their products – by versions - follow operating rules, including Practice Management Systems
  – Achieves maximum ROI because all entities in data exchange follow the operating rules; once CORE-certified need to follow operating rules with all trading partners
  – Means for voluntary enforcement dialog and steps

Note: Learn more about voluntary CORE Certification [here](#)
Voluntary CORE Certification: A Step-by-Step Process

CORE Certification is a 4-step process:

1. **Pre-certification Planning and Systems Evaluation:**
   - Understand requirements of the CORE Operating Rules and scope your internal efforts to adopt and implement the operating rules
   - CORE has free Gap Analysis Tool

2. **Sign and Submit the CORE Pledge:**
   - Formally communicate your intent to pursue CORE Certification for a given phase of CAQH CORE Operating Rules

3. **CORE Certification Testing:**
   - An entity seeking CORE Certification works with a CORE-authorized testing vendor to perform tests based upon CORE Phase III testing criteria specific to that entity’s stakeholder type

4. **Apply for the CORE Certification Seal:**
   - Entities successfully achieving CORE Certification will receive a CORE “Seal” from CAQH that corresponds with the CORE Phase and stakeholder-type
Phase III CORE EFT & ERA Operating Rules

**Step 3: Voluntary CORE Certification Testing**

The successful completion of a stakeholder-specific Certification Test Suite is a prerequisite for obtaining a CORE-certified Seal.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Key Points</th>
</tr>
</thead>
</table>
| a) Pre-Testing | • Review [Testing Policy](#) and [Master Test Suite](#)  
• Upgrade all affected internal systems as previously defined in Step 1  
• Complete your internal testing of CORE-ready systems  
*Note:* This step may be performed prior to submitting CORE Pledge |
| b) Testing     | • Register and schedule your testing with a CAQH CORE-authorized testing vendor  
• CORE Certification testing is conformance-based and, as such, is not exhaustive  
• The CAQH CORE Test Suite must be used by all stakeholders in order to maintain standard and consistent test results  
• Testing must be successfully completed within 180-days of pledge |
| c) Post-Testing| Remediate all systems/software issues identified by testing process and, if necessary, repeat CORE Certification Testing |
CAQH CORE Master Test Suite

*Phase III CORE EFT & ERA Operating Rules*
Phase III Voluntary CORE Certification: 
Introduction to Testing Policy

- CORE Testing Policy is used to gain CORE Certification only
  - Does not outline trading partner interoperability testing activities; you should test with trading partners – if ready to do so: list on CAQH CORE website
- The successful completion of a stakeholder-specific Voluntary CORE Certification Testing will be demonstrated by proper documentation from a CAQH CORE-authorized testing vendor, e.g. Edifecs
- The CORE Certification testing protocol is scoped to demonstrate conformance with CAQH CORE Operating Rules
  - Overall compliance with HIPAA is via attestation with the CORE application.
  - The CORE Enforcement policy applies to all CORE-certified entities.

Note: Refer to CORE 304 Phase III Testing Policy
Voluntary Phase III CORE Certification Testing: Roles and Responsibilities

- All parties essential to the success of the electronic exchange of the EFT and ERA transactions will be addressed in the CORE Certification Process:
  - Health plans
  - Providers
  - Clearinghouses
  - Vendors

- CORE Certification Testing is performed by the applicant
  - The applicant’s systems must be up-to-date and compliant with CAQH CORE EFT and ERA Operating Rules prior to testing
  - Each testing applicant going through CORE testing will be responsible for their own specific CORE Certification Testing process and related resources

- Independent CAQH CORE-authorized testing vendor, provides an approved CORE Certification Testing platform
Phase III CORE EFT & ERA Operating Rules

Voluntary Certification: About the Master Test Suite

- CORE EFT & ERA Operating Rules Master Test Suite
  - Contains requirements to achieve voluntary CORE Certification
  - Must be used by all stakeholders undergoing the voluntary CORE Certification process
    - Provides guidance to help stakeholders better understand which EFT and ERA Operating Rules apply to various stakeholders
  - CORE Guiding principles apply to the entire set of rules
  - The Master Test Suite includes scenario-based testing and expected outcomes
  - CORE Certification Testing is not exhaustive and does not use production-level testing (CORE participants determining how to do such in future rules)

Structure of Test Scenarios for All Rules

- Key Operating Rule Requirements
- Certification Conformance Testing Requirements By Rule
- Test Assumptions by Rule
- Detailed Step by Step Test Scripts

See Phase III CORE EFT & ERA Operating Rules Voluntary CORE Certification Master Test Suite:
Each rule requirement is provided in a numbered list.
Phase III CORE EFT & ERA Operating Rules Voluntary Certification: About Certification Testing

• **CORE Certification Testing**
  - Per the CORE Rules Development Process, the [Phase III CORE EFT & ERA Operating Rules Voluntary Certification Test Suite](#) was approved in June 2012
  - CORE testing protocols are designed to demonstrate conformance with a specific phase of the CAQH CORE Operating Rules
  - Testing is comprised of stakeholder-specific test scripts for each CAQH CORE Operating Rule
  - Phase III CORE Certification Testing is conducted in conjunction with an independent CAQH CORE-authorized testing vendor
  - Cost of testing and certification is extremely low or free

• **Phase III Certification Test Scenarios**
  - Healthcare Claim Payment/Advice (835) Infrastructure Rule
  - Uniform Use of CARCs & RARCs (835)
  - EFT & ERA Reassociation (CCD+/835)
  - EFT Enrollment Data Rule
  - ERA Enrollment Data Rule
Polling Question #1:  
**EFT & ERA Implementation Challenges**

Which CAQH CORE EFT & ERA Operating Rule does your organization anticipate requiring the greatest amount of resources to implement?

a) CAQH CORE 350 Health Care Claim Payment/Advice (835) Infrastructure Rule

b) CAQH CORE 360 Uniform Use of CARCs and RARCs (835) Rule

c) CAQH CORE 370 EFT & ERA Reassociation (CCD+/835) Rule

d) CAQH CORE 380/382 EFT & ERA Enrollment Data Rules

e) Not applicable (not a HIPAA covered entity)
Edifecs, an Independent
CORE-authorized Testing Vendor
# About Edifecs

## Who We Are

- Founded in 1996 headquartered in Bellevue, WA.
- Edifecs 4-yr (2008-2012) average growth rate over 50%.
- Employee-owned (no outside investors), Debt-free, Profitable.
- 400+ Worldwide Associates
- Seasoned Leadership Team, executive experience at Microsoft, Hewlett Packard, Oracle, GE Healthcare, WellPoint and other leading healthcare and technology companies.

## What We Do

- Edifecs products streamline the processing and exchange of transactions in real-time at the edge-of-the-enterprise.
- Industry leading solutions for healthcare information management, compliance and enrollment processing.

## Customer Momentum

- 46 Blue plans out of total 64
- 47 commercial plans
- 70+ providers
- 31 State Medicaid programs out of 56

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Edifecs and CAQH CORE Partnership

- Edifecs is a designated CAQH CORE-authorized Testing vendor for Phase I and II
- The CORE Phase III EFT/ERA Certification Testing Portal is currently open for registrations
- Helping healthcare organizations with voluntary CORE certification testing since 2006
  - Provides free testing service based upon the CORE-approved Phase I and II Test Suites
  - Dedicated web portal available 24/7
  - Has on-line and live support for quick issue resolution
- Edifecs has enabled:
  - 61 health care organizations to complete Voluntary CORE Certification Testing for Phase I
  - 51 health care organizations to complete Voluntary CORE Certification Testing for Phase II
Edifecs Voluntary CORE Testing Site

Getting Started
Edifecs Voluntary CORE EFT/ERA Testing Site

Live Demonstration
Edifecs Live-Demonstration Outline

• See how to navigate the Edifecs voluntary CORE Certification Testing Site by learning how to generate CAQH CORE test scripts from Edifecs staff
• Conduct three “live” tests highlighting Federally mandated operating rules

  #1 How an Information Source responds to a generic batch retrieval request for an ASC X12 v5010 835 using SOAP+WSDL

  #2 How an Information Source can demonstrate conformance with the Companion Guide requirement

  #3 How an Information Source can demonstrate conformance by attesting that its existing paper-based forms for EFT/ERA Enrollment have been/will be converted to the CORE-required data set

  (NOTE: Electronic EFT enrollment is required and always tested; paper enrollment is optional and tested if appropriate)
Operating Rule Conformance Testing: 
*Scope of Demonstration*

1. Provide overview of CAQH CORE Operating Rules for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Transactions

2. Navigate Edifecs CORE Phase III Certification Test Site and execute Test Cases

<table>
<thead>
<tr>
<th>Conformance Test Requirement Types</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type</strong></td>
</tr>
<tr>
<td><strong>System Transaction</strong></td>
</tr>
<tr>
<td>Conduct the actual transaction for which you are testing with the CORE-certified testing vendor</td>
</tr>
<tr>
<td><strong>Upload</strong></td>
</tr>
<tr>
<td>Upload specified document to the testing site as proof of compliance</td>
</tr>
<tr>
<td><strong>Attestation</strong></td>
</tr>
<tr>
<td>Along with other specified documentation, an entity must sign an attestation signifying their current or planned compliance</td>
</tr>
</tbody>
</table>

3. Illustrate conformance test requirements*, their applicability by stakeholder type and how test scripts are generated by the Edifecs CORE Certification Testing Site

4. Learn about how conformance testing can help identify specific implementation issues and lead to solutions

*As detailed in the voluntary Phase III CORE Certification Test Suites
Mandated CAQH CORE EFT and ERA Operating Rules: At a Glance

<table>
<thead>
<tr>
<th>Rule Types</th>
<th>Rule References</th>
<th>Rule Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data Content</strong></td>
<td><strong>Uniform Use of CARCs and RARCs (835) Rule</strong></td>
<td>Minimum set of four Business Scenarios</td>
</tr>
<tr>
<td></td>
<td><strong>Rule 360</strong></td>
<td>Maximum set of CARC and RARC code combinations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maintenance process to review and update code combinations</td>
</tr>
<tr>
<td><strong>Infrastructure</strong></td>
<td><strong>EFT &amp; ERA Reassociation (CCD+/835) Rule</strong></td>
<td>Required Minimum set of CCD+ Data Elements</td>
</tr>
<tr>
<td></td>
<td><strong>Rule 370</strong></td>
<td>Elapsed Time Requirement for Receipt of CCD+ and 835</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Procedures for Resolving Late/Missing EFTs/ERAs</td>
</tr>
<tr>
<td></td>
<td><strong>EFT &amp; ERA Enrollment Data Rules</strong></td>
<td>Requirement to offer Electronic EFT/ERA Enrollment</td>
</tr>
<tr>
<td></td>
<td><strong>Rule 380</strong> &amp; <strong>Rule 382</strong></td>
<td>Maximum set of Standard Enrollment Data elements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Flow and Format for Collection of Enrollment Data Elements</td>
</tr>
<tr>
<td></td>
<td><strong>Health Care Claim Payment/Advice (835) Infrastructure Rule</strong></td>
<td>Support Connectivity Requirements</td>
</tr>
<tr>
<td></td>
<td><strong>Rule 350</strong></td>
<td>Dual Delivery of Paper and Electronic ERA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Flow and Format of Companion Guides</td>
</tr>
</tbody>
</table>
Entities must be able to support the Connectivity Rule Version 2.2.0 for transmission of the v5010 835; 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 re-transmission 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, 270 and 350

*Specifically designed to align with key Federal efforts, e.g., NHIN.*
### CAQH CORE 350 Rule Test Script: System Transaction Type – Connectivity Conformance

#### Detailed Step-By-Step Test Script

<table>
<thead>
<tr>
<th>Test #</th>
<th>Criteria</th>
<th>Expected Result</th>
<th>Actual Result</th>
<th>Pass/Fail</th>
<th>Stakeholder</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>A 999 is accepted and processed for each Functional Group of v5010 835 transactions received (Key Rule Requirements #1 and #4)</td>
<td>An ASC X12 Interchange containing a Functional Group of an 835 is accepted</td>
<td>☐ Pass ☐ Fail</td>
<td>☐ Provider ☐ Health Plan ☐ Clearinghouse ☐ Vendor</td>
<td>☐ ☐ ☒ ☒ ☐</td>
</tr>
</tbody>
</table>

See [Phase III CORE Certification Test Suite](#). Each Rule requirement is provided in a numbered list.

2. **Phase III CORE 350 Health Care Claim Payment/Advice (835) Infrastructure Rule Version 3.0.0 Test Scenario**

   2.1 *Key Rule Requirements* ........................................................................................................................................................................................................................................................................................................

   2.2 *Conformance Testing Requirements* ........................................................................................................................................................................................................................................................................................................

   2.3 *Test Scripts Assumptions* ........................................................................................................................................................................................................................................................................................................

   2.4 *Detailed Step-By-Step Test Scripts* ........................................................................................................................................................................................................................................................................................

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Live Demonstration

Test Case #1

How an Information Source responds to a generic batch retrieval request for an ASC X12 v5010 835 using SOAP+WSDL
The CAQH CORE Companion Guide Rule requires that Companion Guides covering the v5010 835 transaction 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, 250, and 350
## CAQH CORE 350 Rule Test Script:

**Upload Type – Companion Guide Conformance**

### Detailed Step-By-Step Test Script

<table>
<thead>
<tr>
<th>Test #</th>
<th>Criteria</th>
<th>Expected Result</th>
<th>Actual Result</th>
<th>Pass/Fail</th>
<th>Stakeholder</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Companion Document conforms to the flow and format of the CORE v5010 Master Companion Guide Template (Key Rule Requirement #9)</td>
<td>Submission of the Table of Contents of the v5010 835 companion document, including a example of the 835 content requirements</td>
<td></td>
<td>Pass</td>
<td></td>
</tr>
</tbody>
</table>

See [Phase III CORE Certification Test Suite](#). Each Rule requirement is provided in a numbered list.

2. **Phase III CORE 350 Health Care Claim Payment/Advice (835) Infrastructure Rule Version 3.0.0 Test Scenario**

   2.1 Key Rule Requirements
   2.2 Conformance Testing Requirements
   2.3 Test Scripts Assumptions
   2.4 Detailed Step-By-Step Test Scripts
Live Demonstration

Test Case #2

How an Information Source can demonstrate conformance with the Companion Guide requirement
A Health Plan (or its agent or vendors offering EFT Enrollment) are required to:

- Collect the CORE-required Maximum EFT Enrollment Data Set; includes some optional data elements*
- Use the format, flow, and data element descriptions without modification in the EFT Enrollment Data Set
- Make available to the provider (or its agent) specific written instructions/guidance to the provider for enrollment and the specific procedure to accomplish a change in/cancellation of their enrollment
- Additional requirements specific to electronic and paper-based enrollment noted in the rule

*The CAQH CORE 380 Rule does not prohibit health plans and their agents from adding capabilities to the electronic EFT enrollment method designed to improve functionality and ensure data integrity and comprehensiveness

For more detail, see CORE Rules 380 and 382
CAQH CORE 380 Rule Test Script:  
**Attestation Type – Enrollment Data Set Conformance**

### Detailed Step-By-Step Test Script

<table>
<thead>
<tr>
<th>Test #</th>
<th>Criteria</th>
<th>Expected Result</th>
<th>Actual Result</th>
<th>Pass/Fail</th>
<th>Stakeholder</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>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 (Key Rule Requirement #24)</td>
<td>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</td>
<td>☐ Pass ☐ Fail</td>
<td>☒ ☒ ☒ ☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

See [Phase III CORE Certification Test Suite](#). Each Rule requirement is provided in a numbered list.

5. **Phase III CORE 380 EFT Enrollment Data Rule Version 3.0.0 Test Scenario**

   5.1 *Key Rule Requirements* .............................................................................................................
   5.2 *Conformance Testing Requirements* ..............................................................................................
   5.3 *Test Scripts Assumptions* ................................................................................................................
   5.4 *Detailed Step-By-Step Test Scripts* ...............................................................................................
Live Demonstration

Test Case #3

How an Information Source can demonstrate conformance by attesting that its existing paper-based EFT/ERA Enrollment forms have been/will be converted to the CORE-required data set
Edifecs Voluntary CORE EFT/ERA Testing Site

Additional Rule Test Scripts for Reference
Uniform set of code combinations conveying claim denial and/or payment information

- Identifies minimum set of four CORE-defined Business Scenarios with maximum set of code combinations to convey claim denial/adjustment details that must be adopted and applied where appropriate (codes in separate document that must be applied):
- Establishes maintenance process to review and update CORE-required Code Combinations
- Enables health plans and PBM agents to:
  - Use new/adjusted codes per the published code list updates with the CORE-defined Business Scenarios prior to CAQH CORE Compliance-based Review of those published updates
  - Develop additional, non-conflicting business scenarios when CORE-defined Business Scenario do not meet business needs
- Identifies applicable CORE-defined Business Scenarios for retail pharmacy

For more detail, see CORE Rule 360
# CAQH CORE EFT & ERA Operating Rules:
## CAQH CORE 360 Rule Test Scripts

### Detailed Step-By-Step Test Scripts

<table>
<thead>
<tr>
<th>Test #</th>
<th>Criteria</th>
<th>Expected Result</th>
<th>Actual Result</th>
<th>Pass/Fail</th>
<th>Stakeholder</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Health plans must align its internal codes and corresponding business scenarios to the CORE-defined Claim Business Scenarios and maximum CORE-required Code Combinations in the v5010 835 (Key Rule Requirements #1-3)</td>
<td>When submitting testing certification documentation to CORE, a health plan will be asked to sign an attestation form that its system has been modified to map the CORE-defined Business Scenarios</td>
<td>☐ Pass ☐ Fail ☐ ☐ ☐</td>
<td>Attestation</td>
<td>Provider Health Plan Clearinghouse Vendor N/A</td>
</tr>
<tr>
<td>2.</td>
<td>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 (Key Rule Requirement #4)</td>
<td>Submit a screen shot of the remittance advice showing that the required information is displayed</td>
<td>☐ Pass ☐ Fail ☒ ☐ ☐</td>
<td>Upload</td>
<td>Provider Health Plan Clearinghouse Vendor N/A</td>
</tr>
</tbody>
</table>

See [Phase III CORE Certification Test Suite](#). Each Rule requirement is provided in a numbered list.
CAQH CORE EFT & ERA Operating Rules: 
**EFT & ERA Reassociation (CCD+/835) Rule**

Streamlines Provider reassociation of payment and remittance information

- **CORE-required Minimum CCD+ Reassociation Data Elements:**
  - Health plan must inform provider during enrollment to contact bank for the delivery of CORE-required Minimum CCD+ Reassociation Data Elements (*banks not required to report*)
  - Provider must proactively contact bank for data

- **Elapsed Time Requirements:**
  - Health plan must release the 835 no sooner than three business days before and no later than three business days after the CCD+ Effective Entry Date 90% of time and track/audit this elapsed time requirement

- **Resolving Late/Missing EFT/ERA’s:**
  - Health plan must establish written Late/Missing EFT and ERA Transactions Resolution Procedures

*For more detail, see CORE Rule 370*
CAQH CORE EFT & ERA Operating Rules: 
CAQH CORE 370 Rule Test Scripts

Sample Detailed Step-By-Step Test Script

<table>
<thead>
<tr>
<th>Test #</th>
<th>Criteria</th>
<th>Expected Result</th>
<th>Actual Result</th>
<th>Pass/Fail</th>
<th>Stakeholder</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A CORE-certified health plan must proactively inform the healthcare provider during EFT (CCD+) and ERA (v5010 835) enrollment that it will need to contact its financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Data Elements necessary for successful reassociation (Key Rule Requirement #1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>If written instructions are provided, health plan must submit documentation showing the actual method/approach used for informing provider to contact its financial institution</td>
<td></td>
<td></td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td></td>
<td></td>
<td>Pass</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If verbal instructions are provided, when submitting testing certification documentation to CORE, a health plan will be asked to sign an attestation form stating it verbally informs providers to contact their financial institutions</td>
<td></td>
<td></td>
<td>Pass</td>
<td></td>
</tr>
</tbody>
</table>

See Phase III CORE Certification Test Suite. Each Rule requirement is provided in a numbered list.
Voluntary CORE EFT/ERA Testing Site

Testing for Information Requestors
Voluntary CORE Certification Testing:  

*Testing for Providers and Provider Facing Vendors*

- Although the majority of the CAQH CORE Operating Rule requirements apply to Health Plan (Information Source) systems and processes, Providers and their Vendors/Clearinghouses (Information Requestors) play an equally important role.

- Before beginning the process of Voluntary CORE Certification, Providers need to:
  - Identify whether or not they conduct the electronic transactions for which the CAQH CORE EFT & ERA Operating Rules are mandated (CCD+/835).
  - If your Provider organization does conduct these transactions then you need to determine what systems, processes and Vendors/Clearinghouses are affected.

- If not already, Providers must encourage your vendors/clearinghouses to become voluntarily CORE-Certified to test conformance.
  - This is key in ensuring your practice or organization is fully benefiting from the ACA-mandated Operating Rules.
Voluntary CORE Certification Testing:  
*Testing for Providers and Provider Facing Vendors cont.*

- Providers working with a CORE Certified Clearinghouse or Vendor
  - Dependent upon the scenario between the provider and clearinghouse/vendor, the provider may not have to undergo certification testing for some of the rules. Instead they can choose to:
    - Select the N/A option for testing for a rule, and
    - Upload a rationale statement explaining the situation to the CORE-authorized testing vendor.

- Examples: Test Scripts that apply to Providers* and Provider-facing Vendors

<table>
<thead>
<tr>
<th>Operating Rule</th>
<th>Test Script Criteria</th>
<th>Expected Result</th>
<th>Test Type</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAQH CORE 350 Rule: ERA Infrastructure</strong></td>
<td>A 999 is returned for each Functional Group of v5010 835 transactions received</td>
<td>An ASC X12 Interchange containing only a 999</td>
<td>System Transaction</td>
</tr>
<tr>
<td><strong>CAQH CORE 360 Rule: Uniform Use of CARCs and RARCs</strong></td>
<td>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</td>
<td>Submit a screen shot of the remittance advice showing that the required information is displayed</td>
<td>Upload</td>
</tr>
</tbody>
</table>

*For all rules that apply to Providers, see [CORE and OESS Provider Fundamentals Presentation](#)
Voluntary CORE Certification Testing: 
Testing Considerations for Vendors/Clearinghouses

• Clearinghouses
  – A Clearinghouse may be acting on behalf of either a Provider stakeholder or a Health Plan stakeholder. Thus, when establishing a Certification Test Profile a Clearinghouse may be asked to indicate if it is a Provider/Clearinghouse or a Health Plan/Clearinghouse
    • **Provider/Clearinghouse** – Must complete all Test Scripts that apply to a Provider
    • **Health Plan/Clearinghouse** – Must complete all Test Scripts that apply to a Health Plan

• Vendors
  – Vendor stakeholders must certify each specific product separately (see CORE Guiding Principles).
  – When establishing a Certification Test Profile you will be given the option to indicate if the product you are certifying is a Provider/Vendor product or a Health Plan/Vendor product.
    • **Provider/Vendor Product** – Must complete all Test Scripts that apply to Providers
    • **Health Plan/Vendor Product** – Must complete all Test Scripts that apply to Health Plans
Lessons Learned from Beta Testers:  
A National Health Plan and Clearinghouse

• Gain Corporate support for Voluntary CORE Certification
  – Ensures that the necessary resources are available to complete system development and remediation. Ensures that resources are available for certification Testing too.
  – Ensuring corporate by-in and support as some test scripts require organizational attestation for conformance to the rule requirements
    • Example: Health plans are asked to sign an attestation form that its system has been modified to map the CARC/RARC codes to the CORE-defined Business Scenarios

• Reuse knowledge and effort from previous projects
  – Building off of the expertise and effort from the project to meet Phase II Connectivity for eligibility and claim status helped when implementing connectivity for the 835
    • Entities are required to support Phase II CORE Connectivity Rule as specified in Phase III CORE 350 Health Care Claim Payment/Advice (835) Infrastructure Rule

• Mechanics of Completing the Test Scripts
  – Coordinating review of online enrollment application was easier than anticipated
    • Entities are required to allow Edifecs to review your enrollment application as specified in Phase III Test Suite, Section 5.4, Test # 5A and 5B and Section 6.4, Test #6A and 6B
Polling Question #2:  
*Voluntary CAQH CORE Certification*

Will you consider CAQH CORE Certification Testing in your EFT/ERA Operating Rule implementation strategy?

a) Yes  
b) No
Please submit your question:
- Enter your question into the Q&A pane in the lower right hand corner of your screen
Thank You for Joining Us

Appendices:
Additional Implementation Tools and References
Upcoming CAQH CORE Education Events

• Join us for a free CAQH CORE webinar
  – “Open Mic”: Dialog on EFT/ERA implementations and new FAQs
  – “Save the Date” for the Joint CAQH CORE, NACHA and ASC X12 Education Session: Ask Your Question about Federally Mandated EFT and ERA Operating Rule key requirements
    • Monday, June 24, 2013 from 2:00 pm – 3:30 pm ET

• Hear More about Operating Rules at an industry event
  – WEDI ICD-10/HPID Implementation Excellence Forum, July 22-25
  – Healthcare Payments Innovations Conference, July 30-31

• Visit the CORE Education Events page of the CAQH website
  – Access free recordings of previous education events & stay informed of upcoming joint webinars with key partners such as NACHA, ASC X12, vendors and provider associations
Phase III CORE EFT & ERA Operating Rules: Implementation Tools

- **Analysis and Planning Guide** provides guidance for project staff to conduct systems analysis and implementation planning.
- Request Process: Contact technical experts as needed at CORE@caqh.org.
- **FAQs**: CAQH CORE has a list of FAQs to address typical questions regarding all three phases of the operating rules, the ACA Mandate and CAQH CORE processes; updated FAQs being loaded to website on a regular basis.
- **Voluntary CORE Certification**: A Step-by-Step Process.
- Operating Rules **Voluntary CORE Certification Master Test Suites**
  - Phase I
  - Phase II
  - Phase III
- **CORE Operating Rule Readiness**: Notify your trading partners of your readiness to test your implementation of operating rules.
  - Add your organization to the CORE Partner List.

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Additional NACHA Resources

- **Healthcare Payments Resources Website**
  - Provides a repository of information on a wide variety of topics for both financial institutions and the healthcare industry. Includes links to many other resources, as well as customized information to help “translate” concepts from one industry to the other (FAQs, reports, presentations).

- **Healthcare EFT Standard Information**
  - Located within the healthcare industry tab of the above website, specific information can be found on the healthcare EFT standard.

- **Healthcare Payments Resource Guide**
  - Publication designed to help financial institutions in implementing healthcare solutions. It gives the reader a basic understanding of the complexities of the healthcare industry, identify key terms, review recent healthcare legislation, and discuss potential impacts on the financial services industry.
  - Order from the NACHA eStore “Healthcare Payments” section

- **Revised ACH Primer for Healthcare Payments**
  - A guide to understanding EFT payment processing. Introduces the healthcare industry to the Automated Clearing House (ACH) Network, explains ACH transaction flow and applications, and includes two “next steps checklists,” one each for origination and receipt.

- **Ongoing Education and Webinars**
  - Check the Healthcare Payments Resource Website for “Events and Education”
Available CMS OESS Implementation Tools: Examples

• **HIPAA Covered Entity Charts**
  – Use the HIPAA Covered Entity Charts to determine whether your organization is a HIPAA covered entity

• **CMS FAQs**
  – Frequently asked questions about the ACA, operating rules, and other topics

• **Affordable Care Act Updates**
  – Updates on operating rules; compliance, certification, and penalties; and engagement with standards and operating rules

• **Additional Questions**
  – Questions regarding HIPAA and ACA compliance can be addressed to:
    • Chris Stahlecker, OEM/OESS/ASG Acting Director, Administrative Simplification Group, [Christine.Stahlecker@cms.hhs.gov](mailto:Christine.Stahlecker@cms.hhs.gov)
    • Geanelle Herring, Health Insurance Specialist, [Geanelle.Herring@cms.hhs.gov](mailto:Geanelle.Herring@cms.hhs.gov)