CAQH CORE Education Session on
EFT & ERA Operating Rule Implementation

Learn from Industry Implementers

November 12, 2013
2pm – 3:30pm 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
  – Compliance Requirements
• Implementation Perspective: State Medicaid Agency
  – Implementation Planning
  – Implementation Challenges, Lessons Learned and Best Practices
• Implementation Perspective: Commercial Health Plan
  – Implementation Planning
  – Implementation Challenges, Lessons Learned and Best Practices
• EFT & ERA Operating Rule Implementation Resources
  • Implementation Resources provided by CAQH CORE
• Q&A
Polling Question #1:
EFT & ERA Operating Rule Implementation Status

Select the response that best describes how far along your organization is with implementing the CAQH CORE EFT & ERA Operating Rules:

1. Awareness
2. Getting Started
3. Fully Underway
4. Completed
5. I’m Not Sure
6. Does not apply to me (not a HIPAA-covered Entity)
ACA Section 1104 Compliance Requirements: 

CAQH CORE EFT & ERA Operating Rules
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 Combinations** maintenance process 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 v5010 835 TR3 TRN Segment as the HIPAA mandated Healthcare EFT Standard

* CMS-0028-IFC excludes requirements pertaining to acknowledgements.

Compliance date for both the Healthcare EFT Standard and EFT & ERA Operating Rules is January 1, 2014
Pre-Payment: Provider Enrollment

- EFT Enrollment Data Rule
- ERA Enrollment Data Rule

Content: Provider first enrolls in EFT and ERA with Health Plan(s) and works with bank to ensure receipt of the CORE-required Minimum ACH CCD+ Data Elements for reassociation

Claims Payment Process

- Infrastructure Rules
  - Uniform Use of CARCs & RARCs Rule

- Payment/Advice (835)
  - Content: EFT & ERA Reassociation (CD+/835) Rule

- Electronic Funds Transfer (CCD+/TRN)

Stage 1: Initiate EFT

- Infrastructure Rules
  - Standard Companion Guides
  - Real-time and Batch Response Times
  - Internet Connectivity and Security
  - Increased System Availability
CAQH CORE EFT & ERA Operating Rules: 
*Infrastructure Rule*
Health Care Claim Payment/Advice (835)
Infrastructure Rule: Key Rule Requirements

Connectivity

- Entities must be able to support the CAQH CORE Connectivity Rule Version 2.2.0 for transmission of the v5010 835

Dual Delivery

- A health plan that currently issues proprietary paper claim remittance advices is required to continue to offer such paper remittance advices to each provider during that provider’s initial implementation testing of the v5010 X12 835 for a minimum of 31 calendar days from the initiation of implementation
- Upon mutual agreement between the provider and the health plan, the timeframe for delivery of the proprietary paper claim remittance advices may be extended
- See §4.3 for more detail

Batch Acknowledgements

- A receiver of a v5010 X12 835 transaction must return:
  - A v5010 X12 999 Implementation Acknowledgement for each Functional Group of v5010 X12 835 transactions to indicate that the Functional Group was either accepted, accepted with errors or rejected, and
  - To specify for each included v5010 X12 835 transaction set that the transaction set was either accepted, accepted with errors or rejected
- A health plan must be able to accept and process a v5010 X12 999 for a Functional Group of v5010 X12 835 transactions
- When a Functional Group of v5010 X12 835 transactions is either accepted with errors or rejected, the v5010 X12 999 Implementation Acknowledgement must report each error detected to the most specific level of detail supported by the v5010 X12 999 Implementation Acknowledgement

Companion Guide

- Specifies use of the CAQH CORE Master Companion Guide Template for the flow and format of such guides for the v5010 835

¹ NOTE: CMS-0028-IFC does not adopt the Batch Acknowledgement Requirements in Section 4.2 of CAQH CORE Rule 350, as the Secretary has not yet adopted HIPAA standards for acknowledgements.
CAQH CORE Claim Payment/Advice (835) Infrastructure Rule

Problem Addressed & Key Impact

• Problem addressed by rule:
  – HIPAA provides a foundation for the electronic exchange of claim payment information, but does not provide infrastructure to promote the move from today’s paper-based system to an electronic, interoperable system

• Key impact:
  – Enables providers, health plans and intermediaries to extend and leverage investment in connectivity infrastructure by requiring support of Phase II CAQH CORE Connectivity Rule
  – Continues to build on Phase I/II use of CAQH CORE Master Companion Guide Template so that providers can quickly find details necessary for the exchange of the X12 v5010 835
  – Reduces probability that providers will discontinue receipt of X12 v5010 835 due to system issues for effective use of remittance advice data to post to patient account
CAQH CORE EFT & ERA Operating Rules: 
Uniform Use of CARCs and RARCs Rule
CORE 360 Rule: Uniform Use of CARCs and RARCs

Scope & High-level Rule Requirements

• Foundational requirements
  – HIPAA covered entities should currently support the X12 v5010 835 transaction

• Scope of the rule
  – Applies to entities that use, conduct or process the X12 v5010 835 transaction
    • Builds on your existing X12 v5010 835 implementation bringing consistency and uniformity by establishing uniform business scenarios and code combinations

• High-level rule requirements
  – Identifies minimum set of four CORE-defined Business Scenarios with a maximum set of code combinations to convey claim denial/adjustment details (codes in separate document)
  – Establishes quality improvement maintenance process to review and update the CORE Code Combinations
  – Enables health plans and PBM agents to:
    • Use new/modified codes with CORE-defined Business Scenarios prior to CAQH CORE Compliance-based Review
    • 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
CORE 360 Rule: Uniform Use of CARCs and RARCs

Four Business Scenarios

Pre-CORE Rules

- 243 CARCs
- 899 RARCs
- 4 CAGCs

Inconsistent Use of Tens of Thousands of Potential Code Combinations

Four Common Business Scenarios

**CORE Business Scenario #1:**
Additional Information Required – Missing/Invalid/Incomplete Documentation
(332 code combos)

**CORE Business Scenario #2:**
Additional Information Required – Missing/Invalid/Incomplete Data from Submitted Claim
(306 code combos)

**CORE Business Scenario #3:**
Billed Service Not Covered by Health Plan
(453 code combos)

**CORE Business Scenario #4:**
Benefit for Billed Service Not Separately Payable
(40 code combos)

Code Combinations not included in the CORE-defined Business Scenarios may be used with other non-CORE Business Scenarios
CAQH CORE Code Combinations Maintenance Process

CORE Business Scenario #1:
Additional Information Required – Missing/Invalid/Incomplete Documentation (332 code combos)

CORE Business Scenario #2:
Additional Information Required – Missing/Invalid/Incomplete Data from Submitted Claim (306 code combos)

CORE Business Scenario #3:
Billed Service Not Covered by Health Plan (453 code combos)

CORE Business Scenario #4:
Benefit for Billed Service Not Separately Payable (40 code combos)

CAQH CORE Compliance-based Reviews
- Occur 3x per year
- Triggered by tri-annual updates to the published CARC/RARC lists by code authors
- Include only adjustments to code combinations to align with the published code list updates (e.g. additions, modifications, deactivations)

CAQH CORE Market-based Reviews
- Occur 1x per year
- Considers industry submissions for adjustments to the CORE Code Combinations based on business needs (addition/removal of code combinations and potential new Business Scenarios)
- Opportunity to refine the CORE Code Combinations as necessary to ensure the CORE Code Combinations reflect industry usage and evolving business needs

Stability of CORE Code Combinations maintained

Supports ongoing improvement of the CORE Code Combinations
CAQH CORE EFT & ERA Operating Rules: 

*Reassociation (CCD+/835) Rule*
EFT & ERA Reassociation (CCD+/835) Rule: Three Key Rule Requirements

1. 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
   • NOTE: The CAQH CORE EFT & ERA Enrollment Data Rules contain complementary requirements

2. 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

3. Resolving Late/Missing EFTs/ERAs:
   Health plan must establish written Late/Missing EFT and ERA Transactions Resolution Procedures
CAQH CORE EFT & ERA Operating Rules:
*EFT & ERA Enrollment Data Rules*
EFT & ERA Enrollment Data Rules: Key Rule Requirements

• A health plan (or its agent or vendors offering EFT enrollment) is required to:
  – Offer an electronic way for provider to **complete and submit** the EFT enrollment
  – Collect only 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

• These operating rules **DO NOT** preclude health plans or their agents from:
  – Adding Capabilities to the electronic EFT enrollment method designed to improve functionality and ensure data integrity and comprehensiveness
  – Collecting additional data elements in locations beyond the EFT enrollment form for other purposes beyond EFT enrollment
  – Creating a single form for the purposes of both EFT and ERA enrollment*
  – Using an inclusive form (i.e. a single form to enroll providers in ALL electronic transactions) for the purposes of EFT Enrollment*

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* As long as the flow, format and included data elements adhere to those outlined in the CORE 380 & 382 Rules

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Maintaining CAQH CORE-required Maximum EFT and ERA Enrollment Data Sets

- These two enrollment operating rules each contain an Enrollment Data Set to achieve uniform and consistent collection of necessary data to assist with the EFT and ERA transactions
  - Data set was developed based on extensive research of existing on-line/paper forms as well as extensive dialog
- Both of these CAQH CORE rules include a direct recognition that the experience and learning gained from increased EFT/ERA enrollment may identify ways in which the maximum data sets need to be modified, e.g.
  - Meet emerging, new or changing industry needs
  - Business rationale to add/remove data elements or adjust definitions
- Per the mandated rule, this maintenance and review of the data sets will occur on an annual or semi-annual basis; first review shall commence one year after the final passage of the Federal regulation requiring implementation
CAQH CORE EFT & ERA Operating Rules:

*EFT & ERA Enrollment Data Rules*
EFT & ERA Operating Rule Implementation Perspective

Tammie Savage
Michigan Department of Community Health
November 12, 2013
MDCH is one of the largest of the executive branch departments. MDCH is responsible for health policy and management of the state’s health, mental health, and substance use care systems. Handles all claims and eligibility within this department.

MDCH covers all beneficiaries within the State of Michigan who are eligible for any type of assistance.

MDCH is involved with many organizations and workgroups including:
- CMS
- NMEH
- CAQH
- WEDI
EFT and ERA at MDCH (October 2013)
- EFT – 13,599 Transactions
- ERA – 21,474 Transactions

Current Usage of EFT and ERA
- Payroll cut off
  - Schedule on a weekly basis
- Payment within 9 days
  - When payment is received by last day of cut off
- ERA’s on a weekly basis
  - Auto delivery of files to Trading Partners mailboxes
EFT and ERA Implementation Planning

- Assessing Resources Needed
  - Meetings with contractors
  - Outside vendor
  - Treasury Department
  - Finance Department
  - EDI Services

- Be Aware of Competing Priorities
  - ICD 10 Testing
  - MITA Projects
  - Defects and enhancement implementation this is performed on a monthly basis

- Implementation Planning Steps
  - Reviewed our business process from the 5010 implementation
    - Identified key players and departments
    - Got management involved in accessing departments for meetings
  - Performed Gap Analysis
    - Gap analysis was done to involved all departments
    - Identified what division would handle EFT and ERA testing with trading partners and what degree was needed.
    - Identified providers to test with their Financial institution
    - EDI Services contacted various hospitals, group practices and new providers to Medicaid
Clearinghouses
- MDCH works with multiple clearinghouses – large and small
- Clearinghouses are responsible for the testing and production of 835
- We identified all of our clearinghouses and contacted them via email or phone
  - Discussed the implementation process and testing with them

Challenges
- Providers not updating information
- ERA – not fully understanding the process
- Clearinghouses/trading partners not communicating back to providers correctly
- Off balance of 835 not being able to post automatically
Providers

- Communication is important
  - We have policy bulletins on our website to let them know of the new changes. We also ask for public comment to discuss policy bulletins before placing on website
  - Post to website – “Biller B Ware”
    - This link is for any updates for system availability, issues with claims or take backs being done
  - Contact by telephone and email on changes coming to their 835
    - We found that contacting them by phone vs e-mail was good customer service and they appreciated we went out of our way to contact them
  - Training sessions both as a group and individual
    - We will come to them wherever they are located
- Educating Providers on benefits of moving to EFT/ERA
  - Benefits of paper vs electronic EFT and ERA
  - Mailing of checks vs electronic EFT
  - Auto posting of 835
  - No human contact = less mistakes
Michigan CARC/RARC Challenges

- Verifying the CARCs/RARCs that are returned to provider on 835/RA meets any of the four business scenarios.

- Changes to up front edits from informational to deny before submission of claim for end dated CARC/RARC codes.

- Challenges are to locate an appropriate message that clearly defines the Program’s coverage/payment intent. Some do not fit into the standard four business scenarios making it difficult for providers to understand the rejections.

- Staff time for going thru each internal error code in the system and make sure crosswalk to appropriate CARC/RARC. Plan time on maintenance of CARC/RARC codes and submit changes in timely manner.
Michigan Reassociation Challenges

- Identify Providers that need to switch from CTX version to upgrade to CCD+. Prearranged Payment & Deposit Entry (PPD) providers need update from Personal accounts to Business accounts.

- Contact Trading Partners for new format for TRN02 (Reassociation Trace Number) 9 digits to 15 digits.

- Create a new REF segment for the ODFI provider detail:
  - REF02 shows HCCLAIMPMT – this indicates Medicaid payments.

- Work out details on recovery of money.

- Resolve issues with late or missing EFT and ERA transactions.
Treasury system does not differentiate types of vendors
- Use a mail code to designate health care payment

Sunsetting Treasury database limited capacity
- 3rd-party interface collects/validates new Michigan vendor information, needed new button to show correct enrollment data element names and descriptions to health care providers
- Especially challenging for vendors already enrolled who want to change from paper to EFT

Not able to use some required information collected
- Account linkage preference
- NPI
- Reason for submission
  - What is meaning of collection?
Start early with upper management to make sure they are on board with what changes need to be in place
  ◦ Discuss timeline for all departments involved and how much time for testing and implementation. Set time frames to accomplish from start to finish
  ◦ Speak same language to make sure all understand – very important (some have experience in EFT, however lacking in ERA)

Ensure accurate information about the amount of work involved
  ◦ Research to see what your responsibility will be (makes sure it falls within your job description)
  ◦ What other departments and contractors does it involve
  ◦ Make sure communication is a priority and identify what other projects could be effected

Have a back up plan in case some issues cannot be resolved immediately so the project is not on hold

Cooperate to make it a success
EFT/ERA Implementation

Pat Waller – IT Staff Consultant
November 12, 2013
• Located in the Pacific Northwest, Cambia is a nonprofit total health solutions company dedicated to transforming the way people experience the health care system

• Only our name is new
  – We have nearly a century of experience in developing and providing health solutions to serve our members

• Cambia's portfolio of companies spans health care information technology and software development; retail health care; health insurance plans that carry the Blue Cross and Blue Shield brands under the Regence brand; pharmacy benefit management; life, disability, dental, vision and other lines of protection; alternative solutions to health care access; and free-standing health and wellness solutions
Cambia Health Solutions: Our Family
EFT/ERA: Environment

• Electronic Funds Transfer (EFT)
  − Driving EFT adoption – current monthly payment volume is about 42k transactions with 50% of those being EFT
  − EFT adoption increasing about 1% per month
  − Non-contracted providers more challenging to move to EFT

• Electronic Remittance Advice (ERA)
  − ERA volume is approximately 42k transactions per month
  − We made a business decision several years ago to move to ERA to reduce printing and mailing costs
  − Today we only have a handful of paper remittances – a remit reader is available
  − We do not directly connect to providers. We use several clearinghouses to deliver ERAs
EFT/ERA: Moving to ERA

• Electronic Remittance Advice (ERA) Adoption Lessons and Challenges
  – Internal buy-in required communication and a strong business case in cost reduction
  – Education of providers on the value for ERA was critical to widespread adoption
  – Partnering with a Clearinghouse that offered an ERA display (remit reader) helped drive small provider adoption
CAQH CORE EFT/ERA Operating Rules Implementation Planning

• Resources needed
  − Managed as a corporate project (Executive, directing and IT leadership as well as a dedicated PM)
  − Approximately 20 people on core team (average dedication to project varies depending on development cycle from 100% to 0%)
  − Approximately an $800k budget

• Project started in early 2013
  − Had challenges with resource contention due to other high profile projects – For example: Exchanges
CAQH CORE EFT/ERA Operating Rules Implementation Planning cont.

- Gap analysis performed for each applicable rule
  - Largest impact was uniform CARC/RARC and audit trail for EFT/ERA delivery timing
  - Multiple systems and service providers involved in some of the rules

- Coordination and tracking of service providers and trading partners required early engagement and frequent follow up
  - Three clearinghouses responsible for ERA Enrollment
    - Availity, UHIN and Office Ally
  - One PBM service provider
    - Catalyst
  - One 835 service provider for our TPA
    - Healthcare Management Administrators
EFT/ERA – EFT CCD+ and CAQH CORE Reassociation Rule

• Regence already used CCD+ for the EFT and therefore little work was needed to comply with the EFT rule requirements

• However, we did need to implement a process to track the audit requirement for delivery timing for EFT/ERA to comply with CAQH CORE Reassociation Rule
  − EFT and ERA delivery are two separate but connected processes in our systems
  − We needed to build an audit trail capturing the delivery of the ERA and the delivery of the EFT and then correlate the audit trail
  − This data will be used to monitor adherence to the delivery timing requirement in CAQH CORE Reassociation Rule
EFT/ERA – CARCs and RARCs

• Mapping is externalized on Regence systems
  – Maintain a mapping crosswalk that converts internal claims system payment explanation codes to CARC/RARC combination for each of our claims systems

• Analysis of systems to validate necessary CARC and RARC mapping changes is not trivial
  – Crosswalk mappings were analyzed and compared to 360 Rule requirements
  – Mappings updated and applied into our mapping crosswalk. A team of 3-4 experts participated in this to validate the mapping
  – Code update process will use a similar approach however will most likely be a smaller team
EFT/ERA – CARCs and RARCs cont.

- Testing of all code combinations can be a significant effort
  - We developed a test suite to validate code combinations
  - This test suite is changed or augmented as code combinations are added or changed. This is part of the maintenance process
  - 360 Rule test suite is meant to be executed when changes are made to our ERA process to confirm compliance
EFT/ERA – Enrollment

• ERA Enrollment is managed by our clearinghouse partners

• EFT enrollment – Cambia’s health plans use the CAQH CORE compliant electronic/paper method
  – Electronic form reviewed and updated to meet data requirements
  – If desired, form is downloadable for completion
  – At this time, we do not plan to move to an internal automated electronic process
Best Practices and Lessons Learned

• Executive sponsorship is key
• Start early
• Requirements and gap analysis drives schedule
• Test, test, test and set up a test suite to maintain compliance
• Engage trading partners and service providers early
  − Clarify responsibilities and expectations
  − You may need to provide education
  − Identify role in compliance and any certification your organization may seek
CAQH CORE EFT & ERA Operating Rules: 
Voluntary CORE Certification
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)
- 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
Importance of Trading Partner Relationships

**Roles in Certification Testing**

**STREAMLINED ADMINISTRATIVE DATA EXCHANGE**

- **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.
Key Health Plan Considerations: Trading Partner Relationships

• 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
  – In many instances, the health plan trading partners need to get CORE-certified as well as the actual health plan
    • Over 30 health plans have already gone through such coordination
CAQH CORE EFT & ERA Operating Rules:

Implementation Resources
EFT & ERA Operating Rules Implementation

Where Are You?

FAQs:
New FAQs are being posted regularly

Just Getting Started

Analysis and planning
(budgeted, resources assigned, impact analysis)

Systems design
/software or hardware upgrades identified, coordinating with vendors/

Systems implementation
/software/hardware and vendor services upgrades fully implemented/

Integration & testing
/internal and trading partners testing/

Deployment/maintenance
/full production use with one or more trading partners/

Free CAQH CORE Analysis and Planning Guide
provides guidance for project staff to conduct systems analysis and implementation planning

Voluntary CORE Certification Test Site for conformance testing of the Operating Rules; jointly offered by CAQH CORE-authorized testing entity Edifecs
New CAQH CORE 360 Rule and the Code Combinations Maintenance Process Website

• A free and accessible “one stop shop” website to provide resources and tools to implementers of the CAQH CORE 360 Rule

• Interactive website includes easy to access information and valuable tools for implementers including:
  – Access to current and past versions of the CORE Code Combinations
  – Publication schedule and Compliance Dates for updated versions of the CORE Code Combinations
  – Status of CORE Code Combinations Task Group efforts
  – Process for Market-based Reviews including access to online submission form
  – Outline the impact of updated versions of the CORE Code Combinations for each stakeholder
  – Online submission of questions/feedback regarding the CORE Code Combinations Maintenance Process
  – Lists of Internal and External Resources Related to the CARCs and RARCs

Please send any additional ideas or needs for this website to CORE@caqh.org
New Sample Provider EFT/ERA Reassociation Data Request Letter

• In order for providers to maximize the benefits available to them through the CAQH CORE Reassociation Rule, they must reach out to their financial institutions and request that the necessary data for reassociation of an EFT and ERA be sent with each payment

• To help facilitate this request, CAQH CORE developed the Sample Provider EFT Reassociation Data Request Letter

• Providers can use this sample letter as
  – A template that can be customized with your organization’s information and emailed directly to your bank contacts
  – An outline of talking points for a phone or in-person meeting with bank contacts

• The Sample Provider Letter document consists of four main parts
  – Background information on the benefits of the sample letter
  – Key steps for requesting delivery of the reassociation data
  – The actual letter itself—with customizable sections clearly identified
  – Glossary of key terms
CAQH CORE EFT & ERA Operating Rules: Additional Implementation Tools

• **Just Getting Started/Planning & Analysis**
  – **CAQH CORE EFT & ERA Operating Rules**: Master your understanding of the ACA mandated EFT & ERA operating rule requirements
  – The **Analysis and Planning Guide** provides guidance to complete systems analysis and planning for implementation of the CAQH CORE EFT & ERA Operating Rules

• **Systems Design/Implementation**
  – **Education Sessions**: CAQH CORE holds frequent sessions with partners such as WEDI, associations, and Medicaid workgroups that often include speakers from organizations that have implemented the CAQH CORE Operating Rules
  – **FAQs**: CAQH CORE has a list of FAQs to address typical questions regarding the operating rules; *new EFT & ERA FAQs are being posted regularly*
  – **Request Process**: Contact technical experts as needed at [CORE@caqh.org](mailto:CORE@caqh.org)

• **Deployment/Maintenance**
  – **Voluntary CORE Certification**: Test Site for conformance testing of the EFT & ERA Operating Rules are now available; jointly offered by CAQH CORE-authorized testing entity Edifecs
Q&A

Please submit your question:

- **Via the Web**: Enter your question into the Q&A pane in the lower right hand corner of your screen
- **By Phone**: When prompted by the operator, press * followed by the number one (1) on your keypad
Thank You for Joining Us

Appendices:
Additional Implementation Tools and References
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:
    - Geanelle Herring, Health Insurance Specialist, 
      Geanelle.Herring@cms.hhs.gov