CAQH CORE EFT & ERA Operating Rules

Implementation Considerations

February 4, 2014

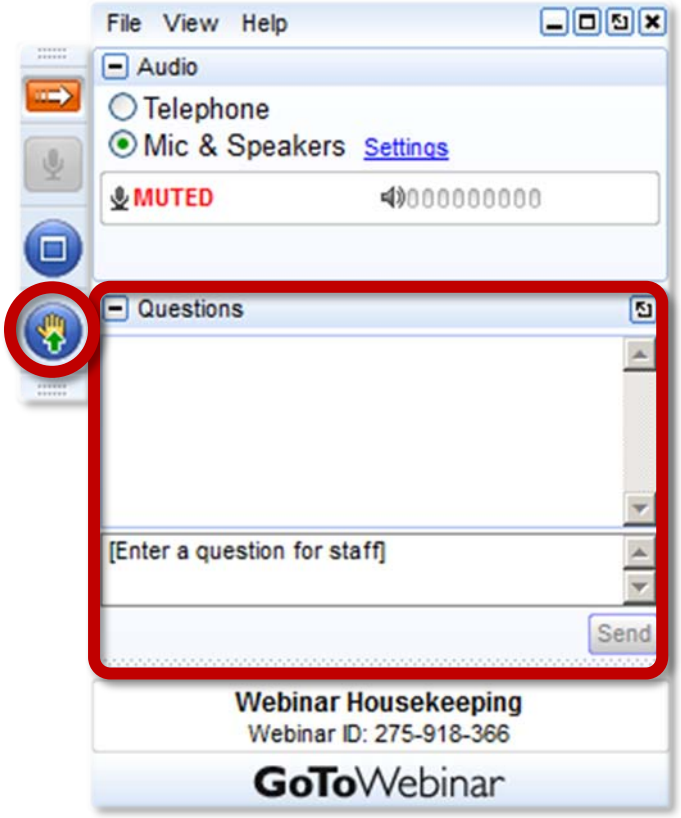
2:00 pm – 3:30 pm ET

Additional information/resources available at www.caqh.org

This document is for educational purposes only; in the case of a question between this document and CAQH CORE Operating Rule text and/or Federal regulations, the latter take precedence.

Participating in Today's Session

- 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 GoToWebinar 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 moderator, press the "raise hand" button to join the queue for audio questions



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Session Topics

- Welcome Introduction
- CAQH CORE EFT & ERA Operating Rules
  - Rule Requirements Overview
  - Industry Implementation Data
- Clearinghouse Implementation Perspectives – **InstaMed**
  - Implementation Considerations, Challenges, Best Practices and Lessons Learned
- Provider Implementation Perspectives – **Performance Pediatrics**
  - Implementation Considerations, Challenges, Best Practices and Lessons Learned
- CAQH CORE EFT & ERA Implementation
  - Insights and Resources
- Overview of 2013 Market Based Review (MBR)
  - General Information and Submission Process
- Q&A

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CAQH CORE EFT & ERA Operating Rules

Overview

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Status: ACA Mandated Operating Rules and Certification

Mandated requirements available and should be in use in market

Compliance in Effect As of January 1, 2013

- Eligibility for health plan
- Claim status transactions

HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules

Compliance in Effect As of January 1, 2014

- Electronic funds transfer (EFT)
- Health care payment and remittance advice (ERA)

HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules

HHS issued NPRM on 12/31/13 with re-aligned implementation date

***Proposes an adjusted* implementation: December 2015**

Proposes health plans certify via either CORE certification or HIPAA Credential; applies to Eligibility/ Claim Status/EFT/ERA operating rules and underlying standards

Applies only to health plans and includes potential penalties for incomplete certification; existing voluntary CORE Certification is for vendors/PMS/large providers, and health plans

CAQH CORE in process of drafting rules for delivery in late 2014 rather than early 2014. No standard for attachments issued by HHS

Implement by January 1, 2016

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

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NPRM: Certification of Compliance for Health Plans
Draft Model Comment Letter

- CAQH CORE has prepared a Draft Model Comment Letter and is seeking industry feedback
  - Comments in letter are based on feedback on initial set of observations, a public call and industry dialogue
  - Outlines ***requests for changes*** in Final Rule or ***areas for clarification*** to address in the Final Rule
- Industry feedback due 02/10/14 so that Final Model Comment Letter can be distributed 02/17/14
  - Comments due to HHS by 03/03/14
- Draft letter will be discussed in further detail on 02/11/14 CAQH CORE Town Hall Call

For more information, see the CAQH CORE Certification Page

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Mandated EFT & ERA Operating Rules:
Scope and Requirements

	Rule	High-Level Requirements
Data Content	***Uniform Use of CARCs and RARCs (835) Rule*** Claim Adjustment Reason Code (CARC) Remittance Advice Remark Code (RARC)	• 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
Infrastructure	***EFT Enrollment Data Rule***	• 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	• Similar to EFT Enrollment Data Rule
	EFT & ERA Reassociation (CCD+/835) Rule	• 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	• 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. The complete Rule Set is available HERE.

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EFT & ERA Operating Rules:
Rules in Action

Indicates where a CAQH CORE EFT/ERA Rule comes into play

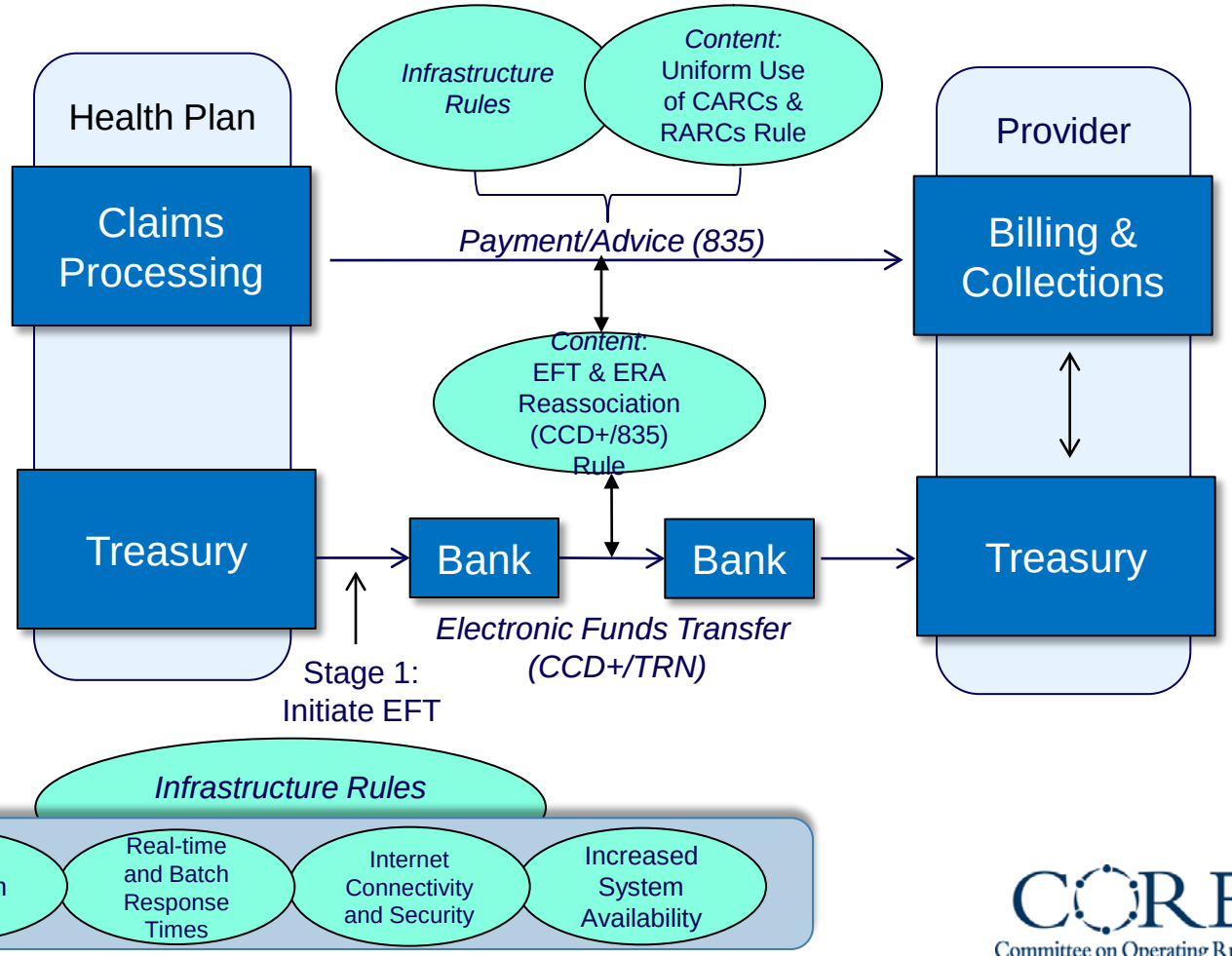
Pre- Payment: Provider Enrollment

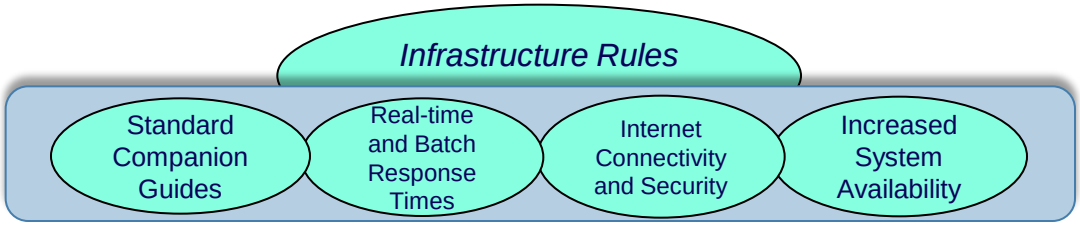
EFT Enrollment Data Rule

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





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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. Not Started
2. Planning & Analysis
3. Well Underway
4. Near Completion
5. Complete

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Healthcare EFT Transaction Volumes
Based on NACHA Data

	Sep-13*	Oct-13	Nov-13	Dec-13	Y-T-D Totals
Number of Forward CCD Credits**	1,319,207	5,628,162	6,177,825	7,403,758	20,528,952
Total $ Value of CCD Credits	$7,467,200,858	$25,090,277,619	$27,222,083,672	$34,678,572,215	$94,458,134,364
Number of Forward CCD Debits	1,555	4,289	3,856	3,660	13,360
Total $ Value of CCD Debits	$1,714,609	$562,345,467	$1,882,791,183	$2,263,095,214	$4,709,946,472
Total # of addenda records with forward debits and credits	1,293,744	5,630,232	6,175,851	7,401,477	20,501,304
Number of Returns of CCD Credits and Debits	534	1,251	1,388	3,846	7,019
Average $ value of credits	$5,660	$4,458	$4,406	$4,684	$4,601
Avg # of credit transactions per business day	188,458	255,826	325,149	389,671	
% of transactions with addenda records	97.95%	99.96%	99.91%	99.92%	

NACHA The Electronic Payments Association

* Only 7 processing days in Sept 2013. Changes implemented 9/20/13
** ***"Credit"*** is a deposit by health plan to provider for services rendered by the provider

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Clearinghouse EFT & ERA Implementation Progress
CAQH CORE Polling Data

Observations

- **Roughly 75% of Clearinghouse** respondents are either **Well Underway, Nearing Completion or fully Complete** with implementation of the EFT & ERA Operating Rules
- **Almost half of all Clearinghouse respondents** (48%) identified their implementation process as being **Complete**

	June 2013 N=82	**January 2014** N=42
Not Started	1% (1)	2% (1)
Planning & Analysis	40% (33)	24% (10)
Well Underway	49% (40)	14% (6)
Nearing Completion	10% (8)	12% (5)
Complete*	-	48% (20)

NOTE: The data is all in aggregate based on polling responses and per CAQH CORE policy, individual names are never shared; polling does not verify respondents stakeholder type.

*The option to choose "Complete" as a response to this polling question was not available until January 2014

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Implementation Planning from a Clearinghouse Perspective

Deirdre Ruttle
Senior Product Manager
InstaMed

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About InstaMed

InstaMed has emerged as a leading payments network for the healthcare industry. With its bank partners, InstaMed moves billions of dollars and information on its single, integrated network

- Powers healthcare payments for 400+ hospitals, 60,000+ practices/clinics and 100+ billing services
- Integrated with 50+ practice management systems (PMS)
- Processes tens of billions in healthcare payments annually at a rate of $1,000+ per second

Early Adopter of CAQH CORE Operating Rules

- The *InstaMed Network* was the first Phase III CORE-certified organization
- Supporter of CAQH CORE Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Operating Rules

CAQH CORE Participating Organization

- Member of the CAQH CORE EFT and ERA Subgroup
- Participant in CAQH CORE measurement studies

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Implementation:
Steps Toward Achieving Compliance

Key project milestones:

- ✓ Assign lead resources for:
  - Financial monitoring/reconciliation
  - IT
  - Managing compliance requirements
- ✓ HIPAA-compliant 835
- ✓ Bank account management plan (reconciliation, KYC, monitoring, NOC, etc.)
- ✓ Online and paper registration for ERA/EFT
- ✓ Testing and provider piloting plan
- ✓ Provider adoption plan

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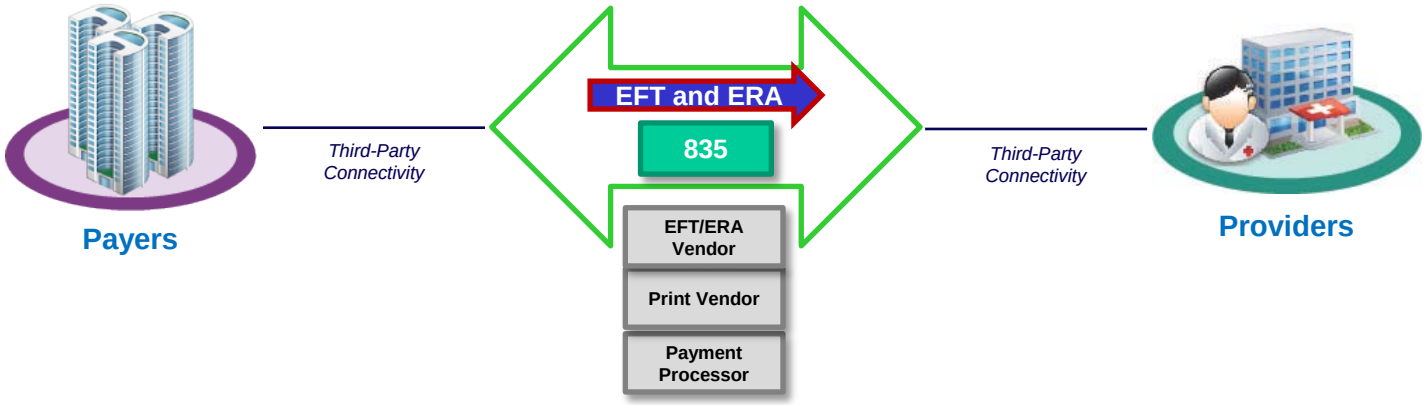
Models for Payers to Deliver EFT and ERA

A

INTERNAL: Payer generates the HIPAA compliant 835 and delivers the EFT and ERA directly to the Provider

B

THIRD PARTY: There are multiple types of third party models used to generate the HIPAA compliant 835 and to deliver EFT and ERA on behalf of the Payer



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EFT and ERA Operating Rule Implementation:
Health Plan Trading Partner Relationships

- The majority of CAQH CORE EFT and ERA Operating Rule requirements apply to health plans; health plans interact and work with their trading partners in a variety of ways; below are two scenarios of how a health plan might approach their implementation project
  - Health Plan A
    - Health Plan A implements CAQH CORE EFT and ERA Operating Rules in their entirety
    - Health Plan A's implementation is independent of any third party relationship
  - Health Plan B
    - Health Plan B outsources the processing of the ASC X12 v5010 835 or Healthcare EFT Standard transactions to a clearinghouse, business associate, third party vendor, etc.
      - The third party entity conducting EFT and ERA transactions according to the CAQH CORE Operating Rules may be different than the third party entity that is handling eligibility and claim status transactions for the health plan
    - Both health plan and clearinghouse pursue implementation activities; their implementation is independent of one another

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Implementation Challenges and Best Practices:
Electronic Data Interchange

ASC X12 v5010 835 or Healthcare EFT	Implementation	Compliance	Vendor Relationships
IT Resources Required	Analysis of resources and requirements	Jan. 1, 2014 Mandate	Understand scope of agreements
-	Comprehensive testing plan	Bank account handling	Accountability for monitoring payments and daily reconciliation
-	Pilot providers	-	Customer service and provider support management
Q: Do you generate a ASC X12 v5010 835 transaction today or do you have a proprietary format?	**Q:** Have you identified a lead resource across each department impacted by this project?	**Q:** Do you have an internal SME on healthcare and banking compliance?	**Q:** Do you know all businesses involved in the project and which resources are accountable for each aspect?

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Implementation Challenges and Best Practices:
Provider Adoption

Provider Adoption	Call Center	Daily Monitoring and Audits
Identify pilot providers	Streamline operations up front to reduce call volume	Monitor all payment activity and exceptions (including non-business days)
Define the outreach and enrollment processes	Staff training for provider enrollment questions	Daily reconciliation of all payments
Process automation	-	Manage bank account changes and KYC (Know Your Customer) processes
Q: What is your marketing approach to reach your providers to maximize adoption?	**Q:** Have you educated your call center resources to handle the volume of EFT enrollment inquiries?	**Q:** Are you equipped to quickly complete KYC and bank account changes?

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Source: Data from 3 payers from 2011-2012

InstaMed Experience:
Payer Case Studies: Implementation Model A

Resources
Project Manager – 350-400 hours
Claims/EDI Operations – 250-300 hours
Provider Relations – 200-250 hours
Finance – 200-250 hours
IT – 250-300 hours

PROS	CONS
Payer can select which clearinghouses they support (any the providers use)	Resources
Payer controls their own payment timing	Managing bank account changes

1,250-1,500 hours over 6-9 months

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Source: Data from 3 payers from 2011-2012

InstaMed Experience:
Payer Case Studies: Implementation Model B

Resources
Project Manager – 17-30 hours
Claims/EDI Operations – 14-22 hours
Provider Relations – 12-16 hours
Finance – 13-15 hours
IT – 13-17 hours

PROS	CONS
Manage compliance	Managing third party relationships
Provider Adoption	Updating file to 835 standard
Monitor payment activity and bank account management	

69-100 hours over 8-10 weeks

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Lessons Learned and Best Practices

Analyze Current System

- Assess whether your organization meets requirements (ex: HIPAA-compliant 835 vs. proprietary format)

Reference the CAQH CORE Analysis and Planning Guide

Define the Scope

- Understand how many of your systems/products are impacted by each CAQH CORE Operating Rule and understand with which vendors and trading partners you will need to coordinate

Identify Gaps

- Conduct detailed rule requirements gap analysis to identify system(s) that may require remediation and business processes which may be impacted

Reference the CAQH CORE Gap Analysis Worksheet

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Lessons Learned and Best Practices

Build a Project Plan

- Lay out all tasks in order of estimated time to complete and priority
- Kick off the project across your organization with a targeted end date

Determine Resources

- Assign one project manager to coordinate across internal departments and with external vendors if applicable
- Assign a lead across each impacted department
  - Includes: Product Management, Claims/EDI Operations, IT

Track Progress

- Set milestones and schedule regular meetings involving all project resources
- Use the Edifecs certification test site to track progress and delegate assignments

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InstaMed Experience:
Final Insights

- ✓ Accurately Assess Resource Bandwidth and Hard and Soft Costs Associated with Your Approach
- ✓ Understand Full Scope of Project and All Parties Involved
- ✓ Measure the Success upon Execution
- ✓ Making Compliance a Consistent Priority is Key
- ✓ Results and Benefits
- ✓ Project Completion Date

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InstaMed Experience:
Working with Providers

- Test
  - Pilot providers:
    - Close communication/monitoring
  - Providers may need to contact bank to display EFT trace number
- Communicate: Education is key!
  - InstaMed-led outreach to providers on behalf of payers:
    - Multiple communication channels
    - Educated on benefits
    - Enrollment instructions
    - Training on accessing payment reports using InstaMed
- Working with all provider segments
  - Smaller providers:
    - Staff members are busy and play many roles
    - Need efficient processes to cut costs
    - Delivered simple instructions and self-service training tools for easy setup
    - Email and mail communication is effective
  - Larger providers:
    - Multiple tax IDs
    - Phone/in-person meetings are effective

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ERA/EFT Implementation and Benefits from a Provider

Leann DiDomenico
Administrative Director
Performance Pediatrics

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Performance Pediatrics
Practice Overview

- About Performance Pediatrics
  - Primary care pediatric “micro practice” in Plymouth, MA
  - Part of an Independent Physician Association (IPA)

- ERA/EFT adoption
  - ERA: 95% of remittances
  - EFT: 95% of payments

- Practice management system
  - Office Practicum practice management system
  - InstaMed integrated clearinghouse transactions with Office Practicum

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Performance Pediatrics' Experience: *Before ERA/EFT*

- Manual Administrative Processes
  - Remittances
    - Manual posting
    - Manual reconciliation with payment
- Operational Results
  - Delays in cash flow with slow processes
  - Higher risk of errors with manual processes
- Driver of Change
  - Looking to administrative efficiency to thrive as an independent practice

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Performance Pediatrics' Experience: *Implementing ERA/EFT*

- Initiating Implementation
  - InstaMed promoted ERA/EFT enrollment in conjunction with payers on its network
  - Worked with InstaMed to enroll in ERA/EFT with multiple payers at once and test transactions
  - Automatically set up to receive ERA/EFT from additional payers that connect to the InstaMed Network in the future
  - Easier to receive transactions through clearinghouse:
    - Receive ERA/EFT from multiple payers in one place
    - ERAs are easier to read

★ *Tip: It is in the provider's benefit to receive ERA/EFT, so contact your clearinghouse or payers to inquire about ERA/EFT. They may not have begun promotions, or may want "early adopters" to enroll.*

List of CAQH CORE-certified organizations: http://corecertification.caqh.org/CORE_organizations

- Challenges with Implementation
  - Working with payers that use different systems can lead to technical issues
  - Time spent to enroll in EFT when enrolling directly with the payer
  - Errors or fixes needed in payment amounts must be manually updated
    - Use InstaMed reporting to identify errors and assist with fixes

★ *Tip: Use an integrated system with your PMS to receive ERA/EFT*

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Performance Pediatrics' Experience: *Working with a Clearinghouse*

- Role of the Clearinghouse
  - InstaMed assists with enrollment in ERA/EFT
  - InstaMed enables providers to view and download ERAs
  - InstaMed notifies providers of ERA/EFT transactions sent from payers
  - InstaMed cannot process the ERA/EFT if the payer does not support it

- Benefits
  - Submit and receive clearinghouse transactions with CAQH CORE-certified payers by leveraging InstaMed's integration with the practice management system
  - Receive payer payments weeks faster to bill and collect remaining patient payment responsibility (i.e., deductibles) sooner
  - Easy payer payment reconciliation with the EFT trace number included in the ERA
  - Reducing administrative work and days in accounts receivable
  - Easier to report on payments and read ERAs using clearinghouse

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Polling Question #2:
EFT & ERA Implementation Challenges

Which of the following would you consider to be the biggest challenge to your organization's implementation of the CAQH CORE EFT & ERA Operating Rules:

1. Fully understanding the EFT & ERA Operating Rules
2. Fully understanding my organization's role and/or responsibility in the implementation process
3. Overcoming resource constraints (i.e. time, staff, internal expertise)
4. Identifying and completing necessary system updates
5. Working and testing with Trading Partners (e.g. lack of communication between your organization and your vendor)

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CAQH CORE EFT & ERA Implementation

Insights and Resources

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Implementation Steps for HIPAA Covered Entities: *Best Practices and Lessons Learned*

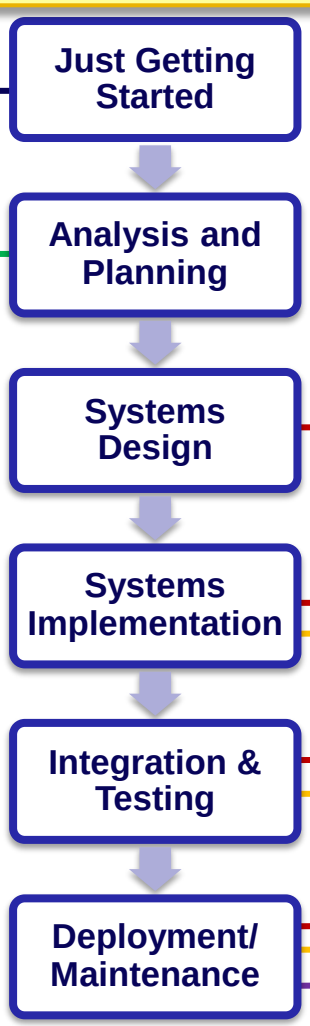
Communication is Critical!

Education is key
- Fully understand your business processes and the mandates

Get executive buy-in early
- Among payers and their trading partners, penalties for non-compliance help make this a priority

Determine Scope of Project
- Identify the affected departments, processes, systems and trading partners

Treat like any major business project
- Identify staff resources, e.g.
- Realistic timelines, e.g. don't underestimate the complexity of the systems and adjustments involved



Engage Trading Partners Early and Often
- It's important to contact your trading partners early in the implementation process, clarify roles and responsibilities, and coordinate a timeline for completion

TEST, TEST, TEST!
- Test your compliance with your trading partners and with your clients

Get Involved with CAQH CORE
- Give input on rule maintenance, and stay up-to-date on implementation developments

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Implementation Steps for HIPAA Covered Entities: *Tools and Resources*

Free Tools and Resources Available

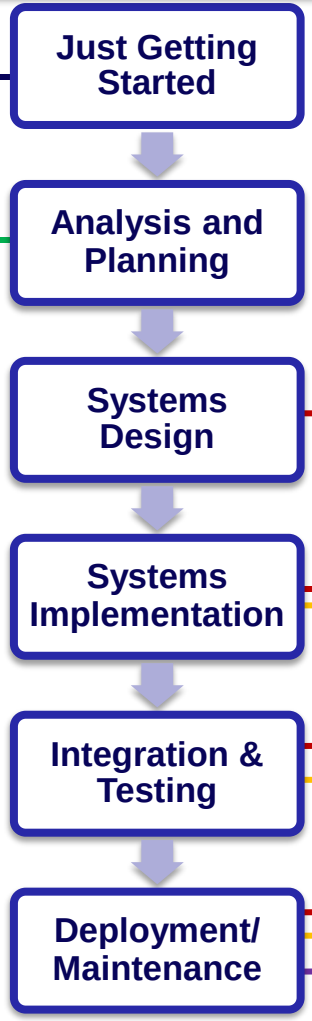
Education is key

Get executive buy-in early

- Read the **CAQH CORE EFT & ERA Operating Rules**
- Listen to archive of past **CAQH CORE Education Sessions** or register to attend a future one
- Search the EFT & ERA **FAQs** for clarification on common questions
- Use our **Request Process** to Contact technical experts throughout implementation

Determine Scope of Project

- The **Analysis and Planning Guide** provides guidance to complete systems analysis and planning for implementation; Information attained from the use of this guide informs the impact of implementation, the resources necessary for implementation, as well as, what would be considered an efficient approach to, and timeline for, successful implementation.



Engage Trading Partners Early and Often

- **Provider's**: Use the EFT/ERA **Sample Health Plan** and **Sample Financial Institution** Letters as a way to help facilitate the request to receive EFT from your health plans and the request for delivery of the necessary reassociation data elements from your financial institutions

TEST, TEST, TEST!

- Leverage **Voluntary CORE Certification** as a quality check, a way to test with partners, and as a way of communicating compliance to the industry and other trading partners

Get Involved with CAQH CORE

- **Join** as a Participant of CAQH CORE in order to give input on rule-writing maintenance by joining a task group and to stay up-to-date on implementation developments

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New EFT & ERA Tools from CAQH CORE
For Providers

Contact Your Health Plans!

- To benefit from new EFT and ERA mandates, ensure your provider organization has requested the transactions from its health plans and EFT & ERA Operating Rule implementation status
- To help facilitate this request, CAQH CORE developed the ***Sample Provider EFT Request Letter***
- Providers can use this sample letter as template email or talking points with health plan contacts to request enrollment in EFT/ERA and benefits of operating rules
- The tool includes background on the benefits EFT, key steps for providers, an actual letter template, and glossary of key terms

Contact Your Banks!

- To maximize the benefits available through the CAQH CORE Reassociation Rule, providers must request delivery of the necessary data for EFT and ERA reassociation
- To help facilitate this request, CAQH CORE developed the ***Sample Provider EFT Reassociation Data Request Letter***
- Providers can use this sample letter as template email or talking points with bank contacts to request delivery of the reassociation data
- The tool includes background on the benefits of the letter, key steps for providers, an actual letter template, and glossary of key terms

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2013 Market-based Review of *CORE Code Combinations*

Process and Submission Form

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2013 Market-based Review Process Basics

- **Basic Information**
  - 2013 MBR was launched on 12/13/2013
  - **All adjustment recommendations must be submitted to CAQH CORE via the online MBR Form by 2/14/2014** – ***ONLY 10 DAYS LEFT!***
  - CAQH CORE expects to publish any adjustments to the *CORE Code combinations* based on the 2013 MBR in June 2014
  - Adjustments must be requested using the latest version of the *CORE Code Combinations*
    - The latest version is *CORE-required Code Combinations for the CORE-defined Business Scenarios v3.0.3 October*
    - A new version will be available 2/1/14 due to a Compliance Based Review driven by the Code Combination Task Group (CCTG). The Compliance Based Review removes deactivated codes and adds new codes combinations that meet the CORE Evaluation Criteria
- **Importance of MBR Submission**
  - The MBR only occurs **ONCE** each year
  - This is your organization's chance to **submit code combinations based on your business needs**
  - The MBR empowers each and every HIPAA covered entity by offering an opportunity to **directly affect the *CORE Code Combinations*** to ensure that they reflect industry usage and evolving business needs

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MBR Submission Process

- **Eligible Submitters**:
  - All CORE Participants plus *non-CORE Participants* that create, use, or transmit HIPAA-covered transactions may submit potential Market-based entries
  - NOTE: Each organization is limited to ONE SUBMISSION (may contain multiple entries); please coordinate with your colleagues
- **How to Submit**:
  - The CAQH CORE Code Combinations Task Group designed content for an online *Market Based Review submission form* (MBR Form) to collect the necessary input from the industry
  - Submissions will ***only*** be accepted through the online MBR Form. CAQH CORE, CCTG Co-Chairs and CAQH Staff will not be able to accept direct email submissions of the MBR Form
  - To find out more information on the MBR Process and to view a demonstration of filling out the online MBR Submission Form access the recording of the CAQH CORE MBR Training Session
- **When to Submit:**
  - All eligible submitters can access the online MBR Form **NOW!**
- **Submission Deadline:**
  - All eligible submitters must complete their submissions by **2/14/2014** – **No submissions will be accepted after that date**
    - Launched on 12/13/2013, the Call for Industry Submission for the 2013 Market-based Review will be open for 60 days
    - An email was distributed from CAQH CORE on 12/13/2013
    - The first training session for the 2013 MBR was held on 12/20/2013

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MBR Submission Process: Entries for Market-based Code Additions and Removals

- The 2013 online MBR Form will only consider the addition/removal of *CORE Code Combinations* in the existing four CORE-defined Business Scenarios; the current version of the *CORE Code Combinations* can be found HERE
- Potential code(s) additions and removals to the CORE-defined Business Scenarios for CAQH CORE 360 Rule may include:

Types of Additions	Types of Removals
1. Add CARC and RARC along with a CAGC(s)	1. Remove CARC and all associated RARCs and CAGC(s)
2. Add CARC along with a CAGC(s)	2. Remove RARC and associated CAGC(s) from existing CARC
3. Add RARC to an existing CARC along with a CAGC(s)	3. Remove CAGC(s) from existing CARC
4. Add CAGC(s) to an existing CARC	4. Remove CAGC(s) from existing CARC and associated RARC
5. Add CAGC(s) to an existing CARC and its associated RARC	

CORE™
Committee on Operating Rules for Information Exchange
A CAQH Initiative

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Polling Question #3:
Market-based Review

Does your organization plan on submitting adjustments to the CORE Code Combinations during the Market-based Review?

1. We have already submitted adjustments for review
2. Yes, we have already begun the submission process
3. Yes, we plan to
4. No
5. Not Sure

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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

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