



Save Time and Money Using EFT/ERA Transactions

Thursday,
April 28th, 2016
2:00 – 3:00 PM ET

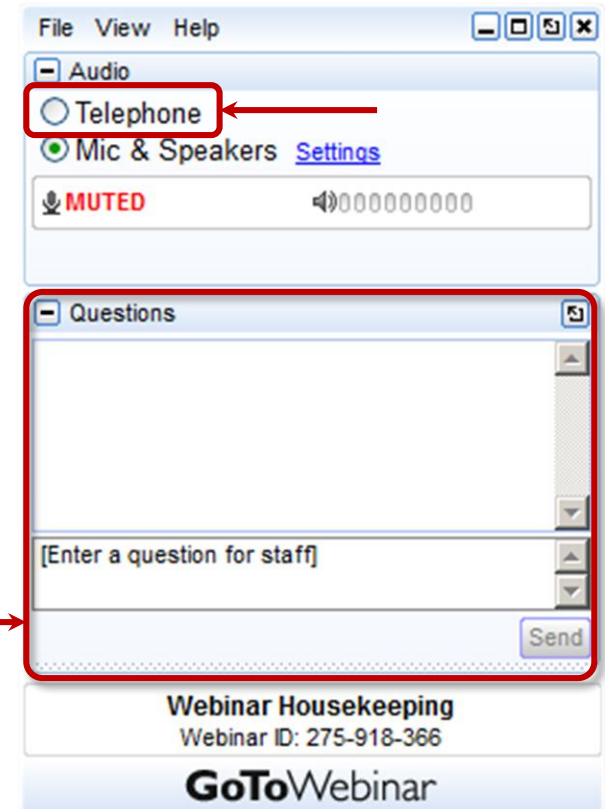
Logistics

Presentation Slides & How to Participate in Today's Session

- Download a copy of today's presentation slides at caqh.org/core/events
 - Navigate to the Resources section for today's event to find a PDF version of today's presentation slides
- Also, a copy of the slides and the webinar recording will be emailed to all attendees in the next 1-2 business days
- The phones will be muted upon entry and during the presentation portion of the session
- At any time throughout the session, you may communicate a question via the web

Resources

- [Presentation Slides](#)



Questions can be submitted **at any time** with the **Questions panel on the right side of the GoToWebinar desktop**

Thank You Speakers!

CAQH CORE would like to thank our guest presenters for today's webinar.



Heather McComas
Director, Administrative
Simplification Initiatives



Susan Kersten
Project Manager,
ePayments Project

Session Outline

- Welcome and Introduction
- CORE: Value of Interconnected Remittance-Payment Transactions
 - Key Impacts and Benefits for Providers
 - Available Resources
- AMA: Save Time & Money Using EFT/ERA
 - Key Impacts and Benefits for Providers
 - Available Resources
- VHA Case Study: EFT/ERA Operating Rules Implementation
- Q & A

2012 & 2016 EFT/ERA Data Demonstrated Progress Towards Implementation

“Select the response that best describes your organization's progress toward implementing EFT & ERA Operating Rules.”

May 21, 2013

CAQH CORE Town Hall
Webinar
397 Attendees

Nearing Completion	1%
Well Underway	14%
Planning & Analysis	75%
Not Started	5%
Not Sure	4%

January 7, 2016

CAQH CORE Town Hall
Webinar
211 Attendees

Complete	47%
Nearing Completion	8%
Well Underway	12%
Planning & Analysis	6%
Not Started	1%
Not Sure	14%
N/A	12%

Polling Question #1:

Use of EFT Transactions

Please indicate the extent to which your organization sends or receives health care payments through EFT (ACH Network only).

1. 1% - 25% of the time
2. 26% - 50% of the time
3. 51% - 75% of the time
4. Above 75% of the time
5. We neither send nor receive health care payments through EFT (ACH Network only)

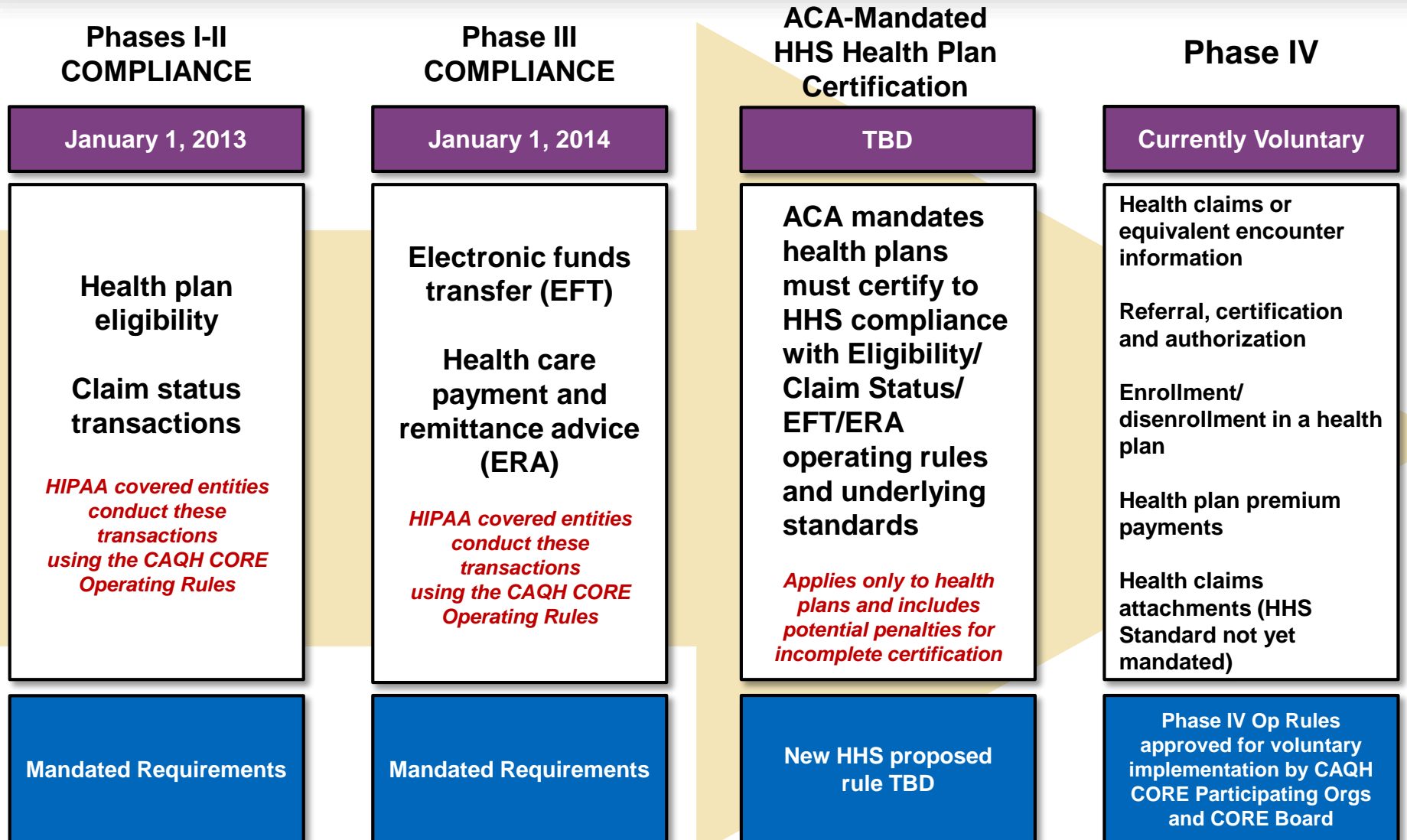
Value of Interconnected Payment-Remittance Transactions

- Key Impacts and Benefits for Providers
- Available Resources

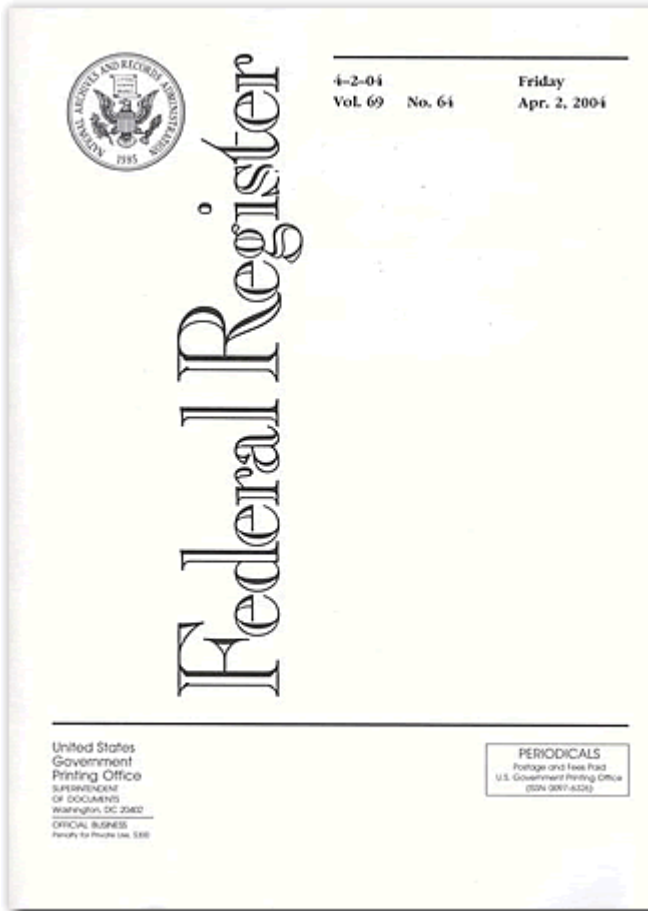
Robert Bowman
Associate Director

ACA Mandated Operating Rules and Certification

Compliance Dates



Barrier to Electronic Payments



From the ***Federal Register***:

“A barrier for health care providers to the use of Electronic Funds Transfer (EFT) for health care claim payments is that the Electronic Remittance Advice (ERA) arrives at a different time than the associated health care payment/processing information that is transmitted via EFT.”

CAQH Index: Sole Industry Source Tracking Transition to Adoption of Electronic Transactions



Claim Payment (61.4% Adoption)

Electronic funds transfer (EFT) adoption increased to 61.4 percent in 2014 (+4.3% points), which represents a slower increase than the prior year (+7.3% points). Virtual card reporting is expected in 2015 data.

Remittance Advice (49.6% Adoption)

There was a steady increase in adoption (+4.7% points) of electronic remittance advice (ERA) transactions, but more than a third remain fully manual.

- The growth in adoption for ERA and EFT were not as rapid as may have been anticipated given the ACA mandated operating rules were effective January 2014.
- This may suggest, as has been seen with other policies, that regulation may take more than one year of implementation from the effective date to realize significant impact. As noted, eligibility and claim status adoption increased more rapidly two years following the effective date of operating rules.

For more information on the CAQH Index, go to www.caqh.org/explorations/caqh-index

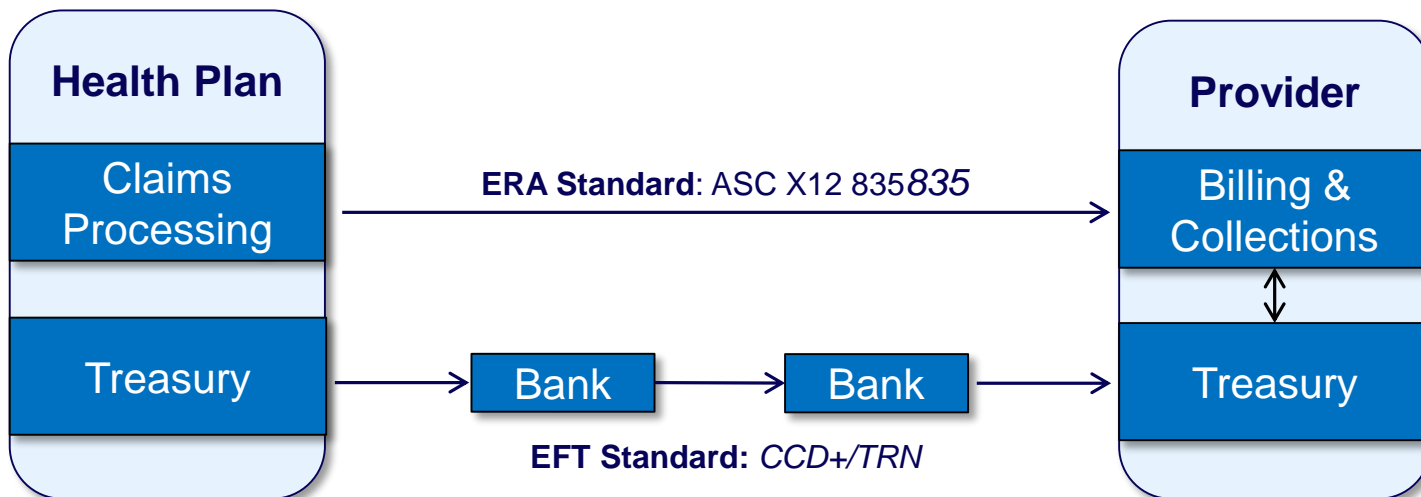
EFT and ERA Transaction Flow

EFT and ERA Operating Rules represent the convergence of financial services and healthcare:

- Both transactions are sent using “recognized” electronic HIPAA standards.
- Aim is to increase adoption of both standards in healthcare.

Together the transactions foster the goals of administrative simplification by moving the process of reimbursement from paper to electronic:

- ERA is an electronic transaction that enables providers to receive claims payment information from health plans electronically; ERA files are intended to replace the paper Explanation of Payment (EOP).
- EFT enables providers to receive payments from health plans electronically.

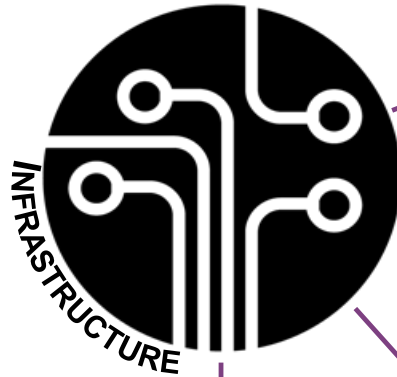


Phase III

FASTER PAYMENT & ACCURATE RECONCILIATION



CAQH
CORE
360



CAQH
CORE
350

Health Care Claim Payment/Advice (835) Infrastructure Rule

- Specifies use of the CAQH CORE Master Companion Guide Template for flow and format
- 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

*Note: CMS-0028-IFC excludes requirements pertaining to acknowledgements

CAQH
CORE
370

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
- Determines requirements for resolving late/missing EFT/ERA transactions
- Recognizes of the role of NACHA Operating Rules for financial institutions

CAQH
CORE
380/382

EFT Enrollment Data Rule (380)

ERA Enrollment Data Rule (382)

- 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
- Requires providers to specify how payments should be made, i.e. by NPI or by Tax ID, as part of the EFT &/or ERA enrollment process

Uniform Use of CARCs & RARCs (835) Rule

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

How Operating Rules Benefit Providers: *EFT & ERA Operating Rules*

Key Benefits

- **Standardized electronic enrollment for EFT/ERA:** Providers will be able to enroll in both EFT and ERA electronically with all health plans using a consistent set of data elements
- **Potential reduction in manual claim rework:** With health plans more consistently using denial and adjustments codes per the CORE-defined Business Scenarios, providers will have less rework
- **Reduction in A/R days:** Automated and timely re-association of EFT and ERA leading to efficiencies and reduced errors for payment posting

Savings Estimate

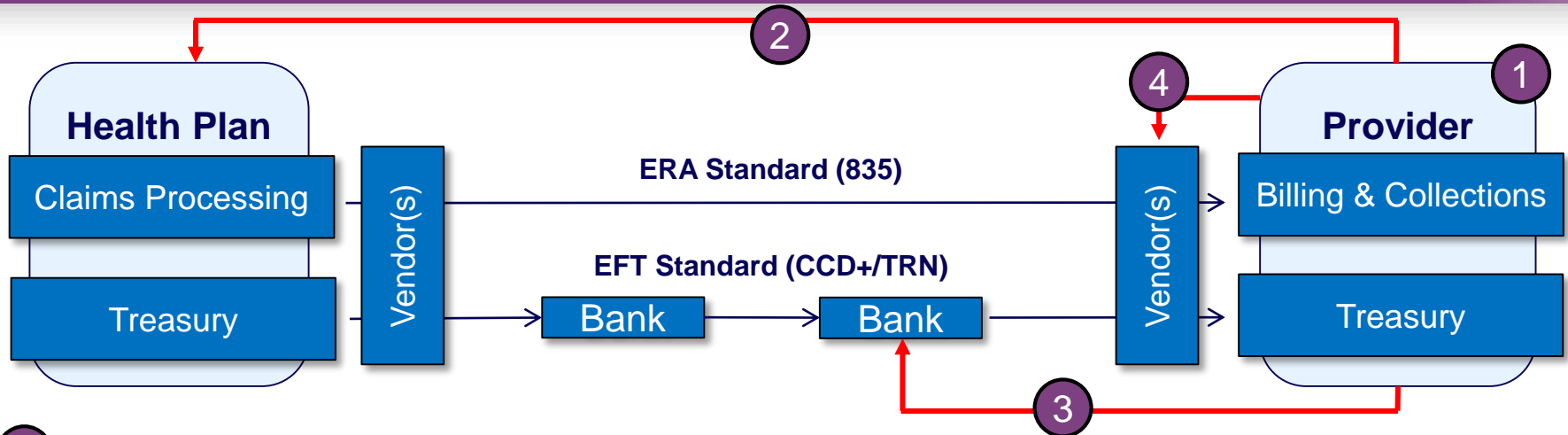
- Between \$300 million and \$3.3 billion over 10 years* for providers, including hospitals and health systems, and health plans

Timeframe

- Both the ACA-mandate and Medicare required compliance with the EFT Standard and the EFT & ERA Operating Rules by January 2014
- Hospitals and Health Systems have been working with their trading partners to achieve these benefits

* [Administrative Simplification: Adoption of Operating Rules for Eligibility for a Health Plan and Health Care Claim Status Transactions](#)

How to Maximize Benefits of Operating Rules: Provider Actions

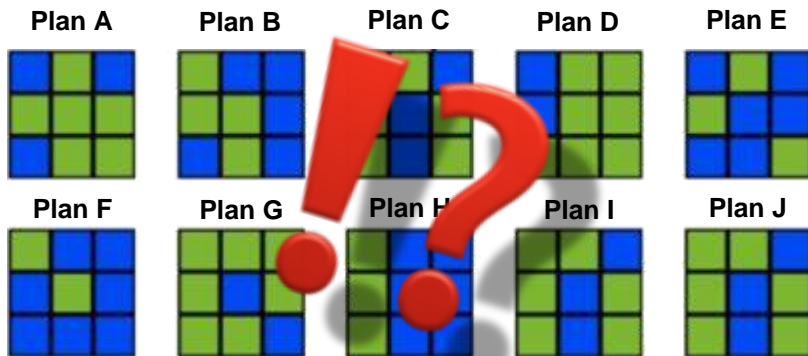


- 1 Determine if you are conducting the applicable electronic transactions
 - If you conduct the X12 v5010 835 and ACH CCD+, these transactions must comply with the Operating Rules
 - Assess organizational readiness/compliance and Identify all systems and vendors that touch X12 v5010 835 and the Healthcare EFT Standard transactions
 - o Use CAQH CORE [Analysis and Planning Guide](#)
- 2 Understand health plan agreements and options for payment and remittance information
 - Request healthcare EFT payments from your payers, both public and private, using the [Sample Provider EFT Request Letter](#)
- 3 Contact financial institution to request delivery of the EFT and payment-related information including the reassociation trace numbers
 - To help facilitate this request, CAQH CORE developed the [Sample Provider EFT Reassociation Data Request Letter](#)
- 4 If applicable, ensure vendor has updated its systems to align with the CAQH CORE Operating Rules
 - Encourage your vendor (and Health Plan) to become [CAQH CORE Certified](#)

Industry Issue: Lack of Uniformity in Code Combinations

Problems Addressed by Rule:

Providers do not receive uniform code combinations for same or similar business scenarios from all health plans; are unable to automatically post claim payment adjustments and denials accurately and consistently.



There could be over 954 RARCs, approximately 323 CARCs and 4 CAGCs resulting in thousands of possible code combinations for review by providers.

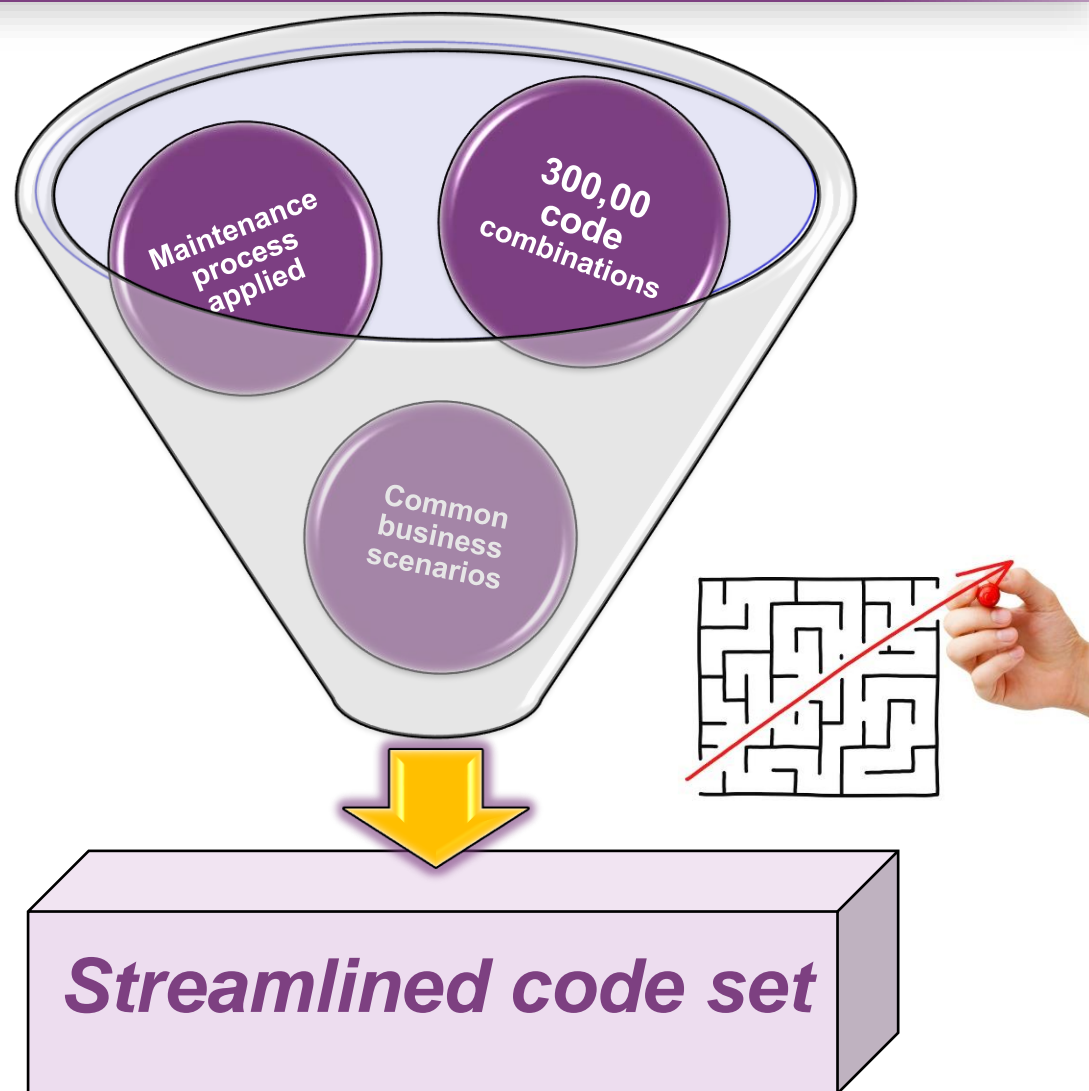
Solution: Uniform Use of CARCs and RARCs Rule

CORE Code Combination Adjustments

Key Impacts -- Use of CORE 360

Rule has Mitigated:

- ✓ Unnecessary manual provider follow-up
- ✓ Faulty electronic secondary billing
- ✓ Inappropriate write-offs of billable charges
- ✓ Incorrect billing of patients for co-pays and deductibles
- ✓ Posting delays



Industry Issue: Enrollment & ACH

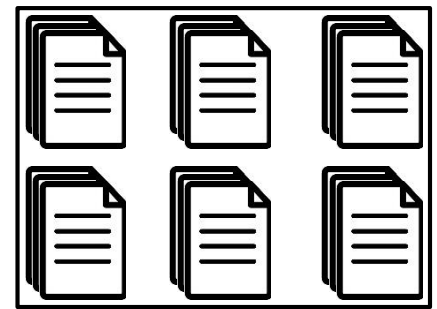
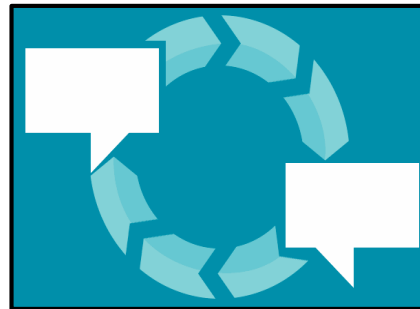
Key Impacts of CAQH CORE Enrollment Data Rules

Simplifies provider EFT & ERA enrollment by having health plans collect the same consistent data from all providers.

Addresses situations where providers outsource financial functions.

Incorporates lessons learned from increased enrollment and to meet changing industry needs.

Enables health plans to collect standardized data for complex organizational structures and relationships.



CAQH CORE Resources for EFT & ERA



Contact Your Health Plans!

To benefit from the EFT and ERA mandates, ensure your provider organization has requested the transactions from its health plans. 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 of EFT, key steps for providers, an actual letter template, and glossary of key terms.



Potential Solution: Streamlined Enrollment – CAQH EnrollHub



Step 1: Provider Info > Step 2: Bank Account Details Step 3: Payer Step 4: Submit

Provider Information

Pay To Provider Name: Legal name of provider entity

Nickname:

Address:

City / State / Zip:

Phone Number / Ext:

Tax Identification Number:

National Provider Identifier:

Authorized Agent

First Name:

Last Name:

Address:

City / State / Zip:

Phone Number / Ext:

Email:

Send copy of all CAQH correspondence



Manage Providers | Manage Plans | Manage Users | Activity Log

Provider Name	Address	Associated NPIs	Enrollment Status	Notes	Select
123 Provider Entity TIN: 054113210 NPI: 054113210	123 Street Cityville, MD, 20904	1234567771 1234567772 1234567773	Enrollment requested as of 08/20/2012		
123 Provider Entity TIN: 054113210 NPI: 054113210					

View Details 1 of 1

PayTo Entity Information:

Name: 123 Provider Entity Phone: (202) 555-1212 Associated NPIs: 2316548202, 2316548203, 2316548204

Address: 123 Street Cityville, MD 20904 TIN: 054113216 NPI: 054113210

Authorized Agent Name: Fname Lname Phone: (202) 555-1212 Address: 123 Street Cityville, MD 20904 Email: name@domain.com

Financial Institution Information

Routing Number: 052000113
Account Number: 2316548201
Account Type: Checking
Bank: Citicorp
City, State: Cityville, MD

- Web-based data entry for provider EFT and ERA enrollment information.
- Alignment with federally-mandated operating rules for definition of the standard enrollment data set and supporting documents.
- Web-based access portal for health plan customers.
- Multi-payer provider adoption campaigns.
- Telephonic provider support center.
- Voided check and other uploaded document processing.
- Pre-note transactions via ACH partners to validate bank account information.

Polling Question #2: *Use of ERA Transactions*

Please indicate the extent to which your organization sends or receives remittance advice data using the ASC X12 v5010 835.

1. 1% - 25% of the time
2. 26% - 50% of the time
3. 51% - 75% of the time
4. Above 75% of the time
5. N/A

Save Time and Money using EFT/ERA

CAQH CORE National Education Event
April 28, 2016

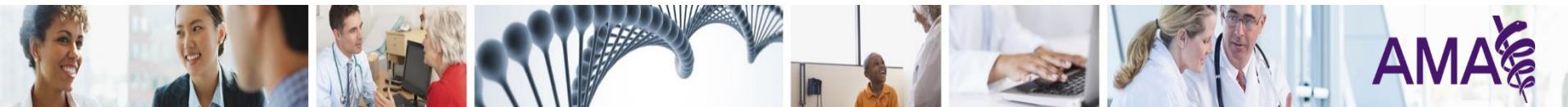


Heather McComas
Director
Administrative Simplification Initiatives

About the American Medical Association (AMA)

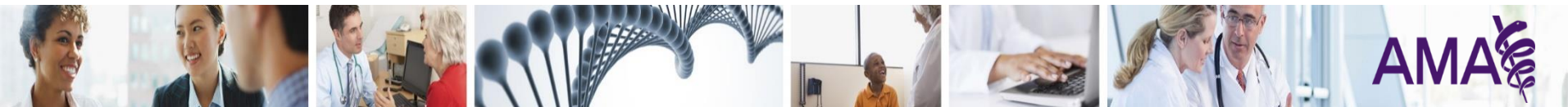
- Mission:
 - To promote the art and science of medicine and the betterment of public health.
- Strategic focus areas
 - Improving health outcomes
 - Creating the medical school of the future
 - Creating thriving physician practices

www.ama-assn.org



AMA and Administrative Simplification

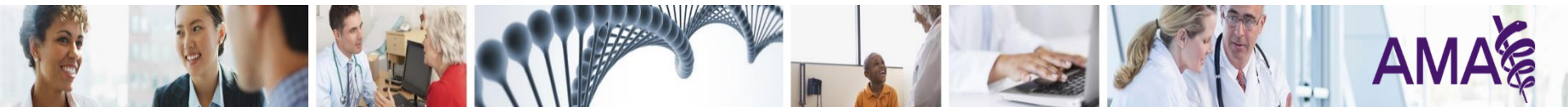
- The AMA fully supports the development, adaptation, and implementation of national health care technology standards and operating rules to reduce administrative hassles for physicians and their staff
- The AMA supports practice automation to improve efficiency and maximize the amount of time available for direct patient care
- The AMA advocates on physicians' behalf with standards development organizations and CAQH CORE
- The AMA actively participates in the CAQH CORE operating rule development process



Benefits of Automation

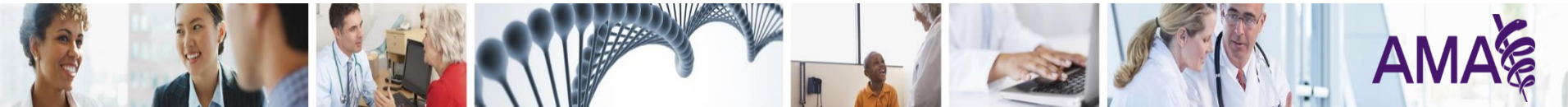


- Standard electronic transactions – such as those used for ERA and EFT – offer providers a uniform way to conduct business across all health plans
- Operating rules increase the standardization of transaction implementation, further increasing the benefits
- Implementing ERA and EFT – particularly together – can boost practice efficiency and save time and money
- The 2015 CAQH Index shows that providers could save \$0.56 and \$1.11 per transaction by switching from manual processes to EFT and ERA, respectively
- This translates to potential national annual savings of **\$116 million** for EFT and **\$302 million** for ERA



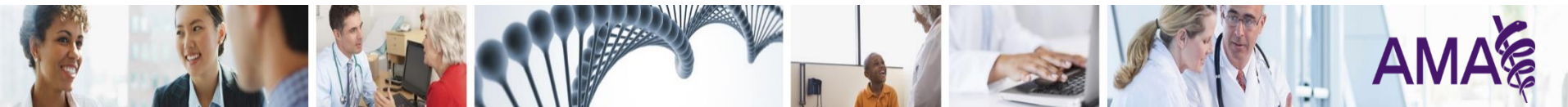
Provider Advantages of ERA Adoption

- Standard messages related to denials and other reductions in payment, enabling automation and simplifying the task of staff to understand the adjudication result
- Automation of posting and reconciliation with payments, allowing staff to focus on denial management and other tasks that require a personal touch
- Faster payment from many payers, improving cash flow and submission of subsequent bills
- Linkage to the standard electronic funds transfer mandated under HIPAA, permitting further automation and confidence that the funds are in the bank



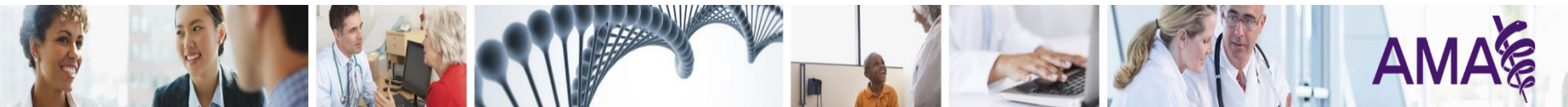
ERA Implementation Challenges

- Providers may be required to enroll separately with each health plan
 - EnrollHub consolidates ERA enrollment across health plans
- Different processes/timelines for transition from paper EOBs to ERAs for each health plan
 - Many plans provide paper remittances for several months after ERA implementation to allow providers to adjust to the new process and build confidence in ERA accuracy
- Health plans' ERAs may not balance
 - ERA standard requires the transaction to balance – push back!
- Lack of vendor automation/support for EFT reconciliation
 - Ask vendors about their level of ERA development and support; auto-posting maximizes efficiency gains from ERA adoption



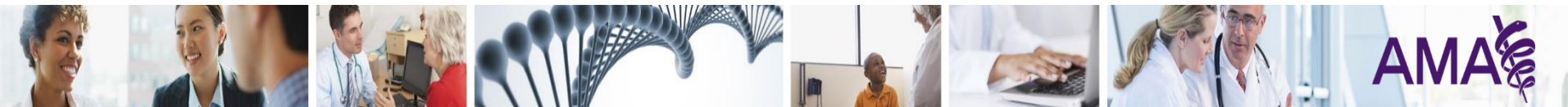
EFT Adoption Benefits

- **Minimize staff time spent processing transactions:** EFT with ERA facilitates automated posting and reconciliation, reducing administrative costs
- **Receive health plan payments weeks faster** and bill and collect remaining patient payment responsibility (i.e., deductibles) sooner
 - Improved cash flow by eliminating mail time and check float
- **Reduce risk:** Health care EFT via ACH payments do not face the risks of lost or stolen paper checks and minimize potential for fraud
- **Reduce costs and hassles associated with paper checks:** Eliminate bank fees for check deposits and time spent tracking and depositing checks



Barriers to EFT Adoption

- Multiple payer enrollment procedures
- Reconciliation with ERA
- Virtual Credit Cards (VCCs)
 - Nonstandard form of electronic payment
 - Detract from adoption of standard EFT
- EFT fees
 - Some payment solution vendors are charging percentage-based processing fees for “value-added services”
 - Providers have a right to standard EFT with no percentage-based fee
- Confusion and misinformation



Virtual Credit Card Payment: What Is It?

- Single-use credit card number
- Health plans fax, email or mail credit card payment information to the physician
- Physician's office manually processes the claims payment through their credit card terminal
- Physician is charged transaction (approx. \$0.10) and percentage-based interchange fees

QUESTIONS?
888.555.1234
www.PayerABC.com

PROVIDER NAME

PROVIDER TIN #

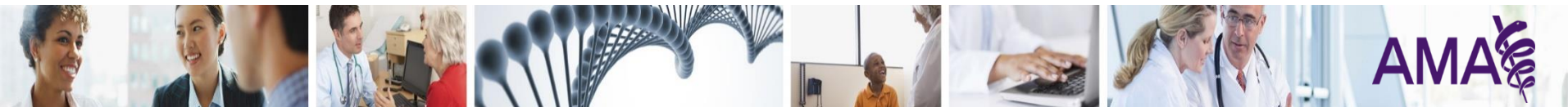
Virtual Card Payment
This MasterCard payment has been pre-approved and funded for the exact amount of this transaction, and funds will be deposited into your account as with any other MasterCard transaction.

The card must be processed for this exact amount: \$0.00

Please contact the Provider Card Payment Service Department if you have any questions about this payment or this document.

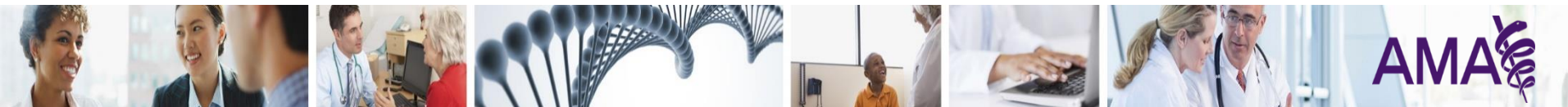
Card #:	123456789
Security #:	123456789
Authorized Amount:	\$00.00
Valid Through:	00/00

Your Payer Organization
MasterCard



Disadvantages of Virtual Credit Cards (VCCs)

- Expensive for providers to accept virtual card payments
 - Providers pay interchange fee and per transaction charge
- Shift the costs of payment processing from the health plan to the provider
 - Most vendors will rebate a percentage of the interchange fee and/or transaction fees paid by the provider back to the health plan
- Providers must manually process the payment by keying the virtual card number into the office POS terminal
- If amount of the payment is keyed incorrectly the virtual card is void and must be replaced by the health plan
- Cannot receive a HIPAA-compliant ERA (X12 835) with a virtual card transaction

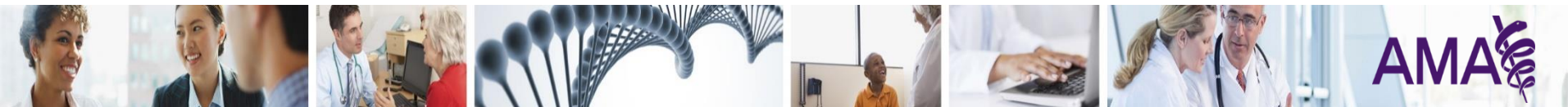


EFT vs. Virtual Credit Cards

Unlike virtual credit cards, ACH EFT does not require the forfeiture of a percentage of total payment.

Virtual Credit Card vs. Health Care EFT via ACH		
	ACH EFT	Virtual Credit Card
Contracted Fee Amount	\$5,000.00	\$5,000.00
Processing Costs	\$0.34	\$150.10*
Total Payment	\$4,999.66	\$4,849.90

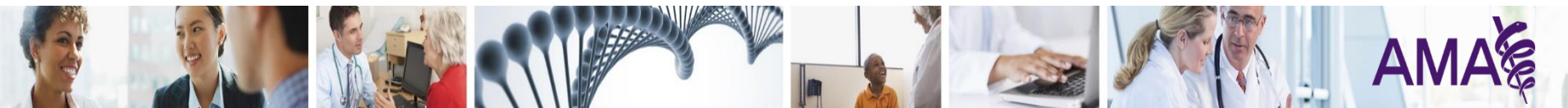
* Fee based on 3% interchange fee + \$0.10 transaction fee.

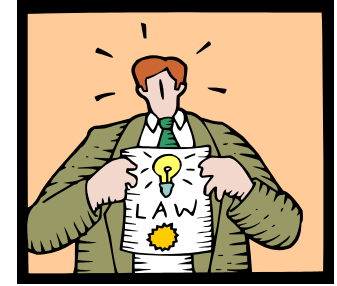


Misconceptions About Health Care EFT via ACH



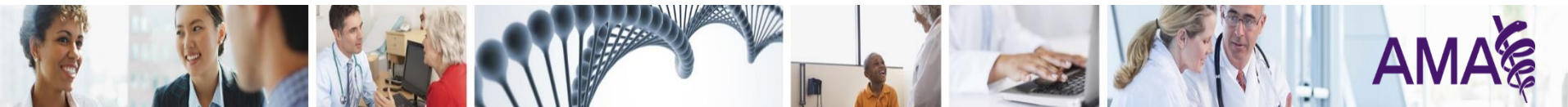
- **Health care EFT via ACH requires extensive technology upgrade**
 - **Truth:** EFT via ACH only requires a bank account
 - ERA pairing requires some technological changes, but this would be a similar charge to any transition to ERA
 - Efficiencies of automated reconciliation offset these costs
- **Provider's put their money at risk by giving bank information to health plans**
 - **Truth:** Per ERA standard, overpayment recovery cannot be done via ACH debit





Health Care EFT via ACH: Know Your Rights!

- **All EFT forms are not created equal**
 - Health care EFT via ACH in the CCD+ format is the only standard payment method under HIPAA
- **Health care EFT via ACH is not subject to percentage-based payment fees**
 - Alarming reports of providers being charged percentage-based fees (1.8% -1.9%) for health care EFT via ACH
 - Fees charged by health plans' payment solution vendors for “value-added services”
 - Communication to providers contains no indication that no-charge health care EFT via ACH option is available
 - Physicians are not required to enroll in a “value-added” program

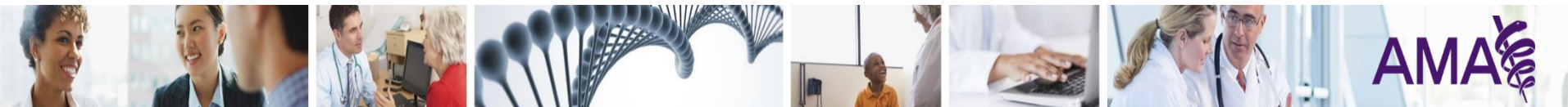


Health Care EFT via ACH: Know Your Rights!



Enrollment does not grant health plans the authority to process unauthorized debits

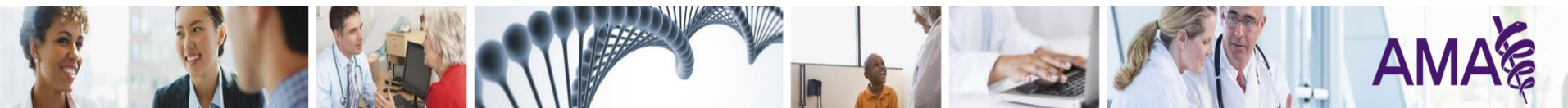
- Physicians can contact banks to prevent unauthorized debits
 - Debit blocks or debit filters
 - ACH positive pay
 - Account masking tools – Universal Promotional Identification Code (UPIC)
- Providers should talk to their banks if they wish to pursue any of these options



Health Care EFT via ACH: Enforcement

What to do when health plans are not following the rules?

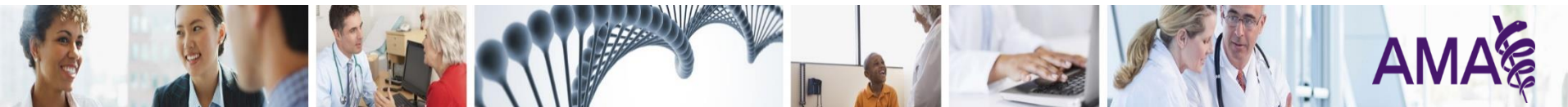
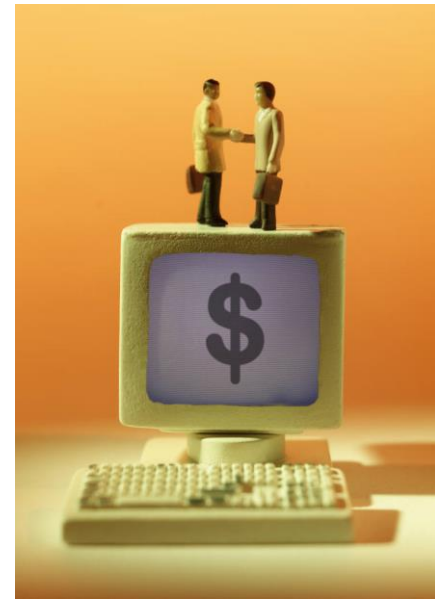
- Contact health plan
 - Talk with the compliance officer
- Official complaint process:
 - Physicians whose health plans are not adhering to the standard transactions can file a formal complaint
 - National Standards Group maintains the “Administrative Simplification Enforcement Tool”:
https://htct.hhs.gov/aset/ASET_home.jsp
- Health plan compliance certification regulations forthcoming



Maximize Administrative Savings!

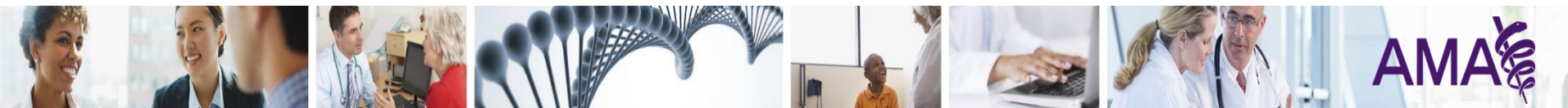
Combine EFT with the ERA

- Automate posting of payments and reductions – with certainty that the money is in the bank
- Free up staff time to focus on problem claims
- Work with your vendor to provide the necessary system support to maximize efficiency
- Eliminate percentage-based fees associated with virtual credit card payments



Provider ERA and EFT Resources

- **AMA Electronic Transactions Toolkits**
 - ERA Toolkit: www.ama-assn.org/go/era
 - EFT Toolkit: www.ama-assn.org/go/eft
- **Healthcare Administrative Technology Association (HATA)**
 - ERA/EFT Resource Library



HATA ERA EFT Resource Library

Member Login	<h2>JOIN HATA TODAY!</h2> <p>The Healthcare Administrative Technology Association (HATA), <i>the National Association of Practice Management Systems and related technology companies</i>, needs to be on your radar! Why join HATA?</p> <p>Robin J. Thomashauer, Executive Director of CAQH says, "HATA offers a collaborative forum and unifying voice for practice management system organizations. This collaboration is essential to solving problems and achieving the promise of healthcare administrative technology. Membership in HATA provides education and resources that support individual organizations and brings together collective strength that helps advance the industry as a whole."</p> <p>Listen to what other Industry Leaders are saying about HATA CLICK HERE</p>
Home	
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Officers	
Wall of Founding Contributors	
Membership Levels/Dues	
ERA EFT Resource Library	
Announcements	
<p>Press Release - HATA Unveils Administrative Simplification White Paper on ERA and EFT Adoption</p> <p>CONGRATULATIONS to HEALTHPAC and NEXTGEN on achieving EHNAC's PMSAP Accreditation!</p> <p>UnitedHealthcareOnline.com Transition to Link Resources</p>	

NEW! Over 30 ERA and EFT Resources at your Fingertips

Learn how your practice can save an average of **\$7.21 per payment** by switching from manual to automated remittance and payment processing. As with any major process change, ERA and EFT adoption can at first seem overwhelming for a physician practice. But remember: knowledge is power, and HATA stands ready to help!

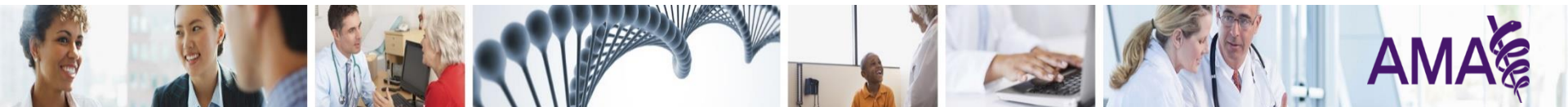
[Continue Reading](#)

Practice Management System Accreditation Program (PMSAP)

For a number of years leading healthcare associations have been discussing a vision of the creation of an accreditation process that would indicate certain key basic levels of PM system's functionality and capacity to provide a practice with the technology needed to properly manage its revenue.

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<http://www.hata-assn.org>



Polling Question #3: ***EFT & ERA Implementation Challenges***

Which of the following was 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. Overcoming resource constraints (i.e. time, staff, internal expertise)
3. Identifying and completing necessary system updates
4. Working and testing with Trading Partners (e.g. lack of communication between your organization and your vendor)
5. Did not encounter challenges/Not applicable

eBusiness Solutions

Veterans Health Administration

EFT/ERA Operating Rules Implementation

Susan Kersten
Project Manager,
ePayments Project

VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Revenue Operations

Veteran's Health Administration

- 1277 Locations, consisting of Hospital and Community based Clinics
- 6M+ Patients seen annually
- 277K Employees
- 74K MD & RNs
- Congressional budget:
 - » VA estimates collections of over \$3.2 billion in 2016 and over \$3.3 billion in 2017*

* www.whitehouse.gov



U.S. Department of Veterans Affairs
Veterans Health Administration
Revenue Operations

eBusiness Solutions
Putting Veterans First

Early Adoption

- VA's ePayments system implemented in 2003 to replace paper checks and remittances
 - » VA partnered with one national payer to kick off program
 - » Took at least 6 months to find a second payer with ERA or EFT capability
- National Automated Clearinghouse Association's Kevin O'Brien ACH Quality Award - 2004

EFT Strategy

- EFTs not initially mandated under HIPAA
- No specific standard established – Payers offered both CTX and CCD+
- VA made critical decision to only accept CCD+ EFTs
 - » Format allows ability to re-associate the EFT and ERA
 - » Built our software to accommodate CCD+
 - » Initially limited Payers to which VA could connect
 - » CCD+ specifically named in PPACA Operating Rules

Phase III Operating Rules

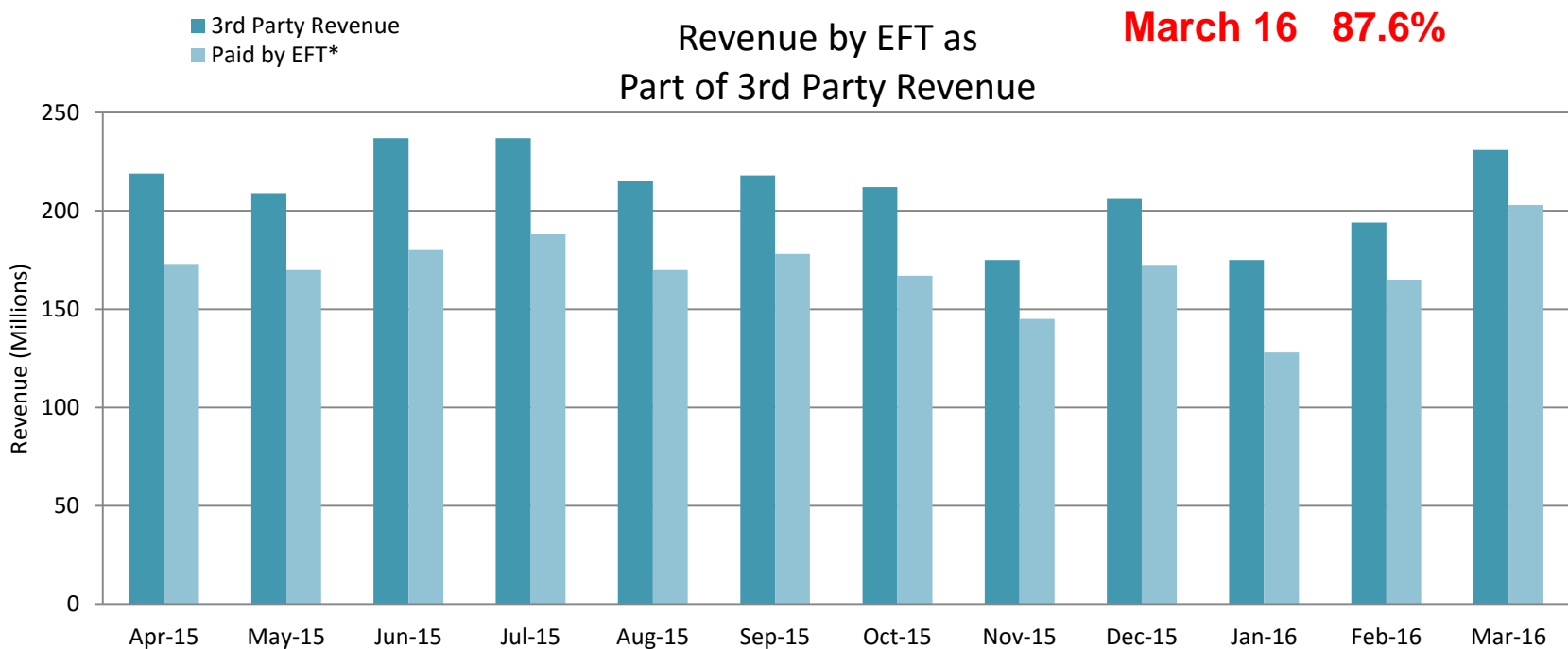
- VA took a proactive outreach approach, prior to implementation date
- Sent letters to all VHA payers, requested EFTs per mandate
 - » Subset of Payers not ready or aware of Law
 - » Payer-specific education & testing
 - » Connect w/ new Payers
- Subset of unresponsive Payers
 - » Letter to CEO
 - » Limited instances submit a CMS complaint

ERA/EFT Enrollments

- VA currently works with two healthcare clearinghouses for enrollment
 - » HCCH contacts payer on behalf of VA for enrollment
 - » Often times the VA HCCH works with the payers HCCH
 - Challenge: Additional entities involved, equals additional failure points to track with transaction rejects/anomalies
 - » VA completes enrollments as required by each individual payer
 - » VA currently connects with
 - 290 ERA Payers 1932 TINs
 - 207 EFT Payers 1553 TINs

March Transaction Volumes

- March EEOB volume: 1.1 M
- March Revenue Collected: \$231M
- March EFT Revenue: \$202M = 87.6%
 - » Treasury 2017 goal = 70% EFTs nationwide



Benefits: ERA/EFT

- All information is standardized
- All payers use the same CARC/RARC codes
- Provides ability for additional automation of payments – no touch receivables
- ERA/EFTs are received quicker than paper
 - » PPACA requires payers to send ERA and EFT transactions within 3 days of the other
 - » Some payments have been posted within 10 days of bill transmission
 - » Allows for timely crediting of veteran's copayments, reducing veteran burden

Challenge: Convoluted Enrollment Practices

Experienced when enrolling new VA Providers, Payers have DIS-enrolled others

Some Payers using proprietary and internal codes or PINs rather than Federally Mandated NPIs

VA contacts payer CEO and Compliance and in some instances, files a formal CMS complaint

Challenge: EFT & Credit Card Fees

Payers offered option to charge EFT fees and/or pay Providers via credit card as way to meet EFT mandate

2-5% EFT and credit card processing fees are passed to Provider and give Payer “kick backs” and “points”

VHA is refusing to accept credit card payments or pay EFT transaction fees

Outstanding Issues

- Payers shouldn't require electronic claim as condition for ERA or EFT
- Sending ERAs & EFTs for subset of plans is not meeting compliance
- Regulations should prohibit Payer fees for credit card and EFT payments
- Simplify and streamline standard enrollment processes

Thank You

- Susan Kersten, Project Manager
VHA
ePayments Project

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Polling Question #4: ***EFT & ERA Implementation Benefits***

Has your entity experienced any of the following benefits since the 1/1/14 EFT & ERA Operating Rule and Healthcare EFT Standard implementation date? (check all that apply)

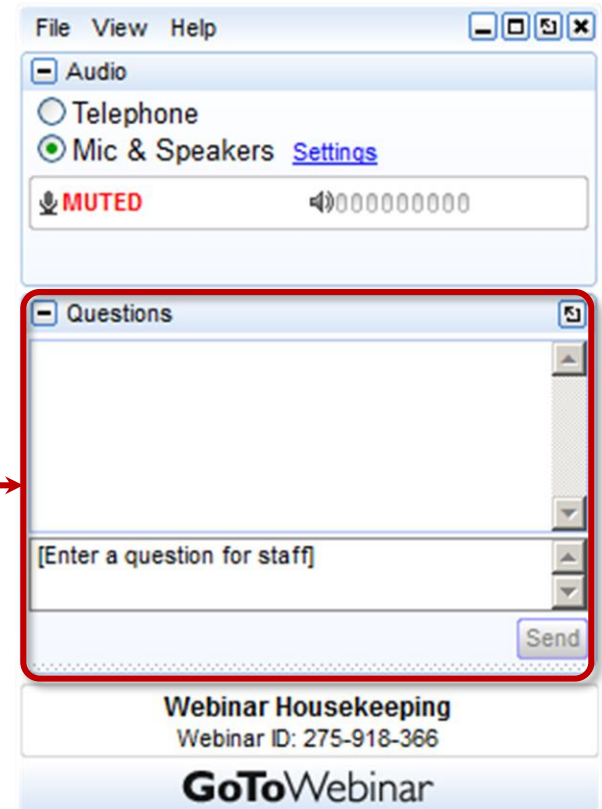
1. Increased payments via EFT
2. Improved reassociation of EFT and ERA
3. More standardized use of CARCs and RARCs
4. Improved EFT/ERA enrollment processes
5. No measurable benefits

Audience Q & A

Please submit your questions

Enter your question into the “Questions” pane in the lower right hand corner of your screen.

You can also submit questions at any time to
CORE@caqh.org



Upcoming CAQH CORE Education Sessions

CAQH CORE Town Hall National Webinar

THURSDAY, MAY 12, 2016 – 2 PM ET

**Dialog with PokitDok – How a Healthcare Vendor Has
Successfully Implemented the CAQH CORE Operating Rules**

FRIDAY, MAY 20, 2016 – 2 PM ET

To register, please go to www.caqh.org/core/events

Phase III CORE Certification

Make sure that your business partners, vendors, and software or services are maximizing the efficiencies afforded by the operating rules...



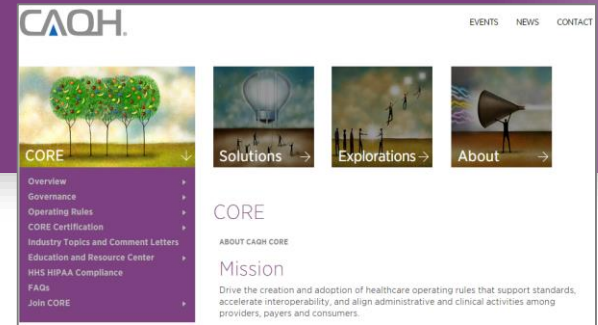
...Ask them whether they are CORE Certified!

- CORE Certification is becoming a trading partner contract expectation by health plans and providers.
- Assure your vendors' capability to conduct secure, timely, and streamlined electronic transactions, with rich and consistent data.

Engage with CAQH CORE!

[CAQH CORE Website](#)

or contact us at CORE@CAQH.org



Participate in the CAQH CORE Code Combinations Task Group (CCTG) or the Enrollment Data Task Group

Become a [CAQH CORE Participating Organization](#)

Explore Voluntary CORE Certification

Register for our educational [webinars](#)

Dedicated webpages:

- ✓ [Code Combination Maintenance](#)
- ✓ [EFT/ERA Enrollment Maintenance](#)
- ✓ [Voluntary CORE Certification](#)
- ✓ [CAQH CORE Phase IV Operating Rules](#)

Thank you for joining us!

Website: www.CAQH.org/CORE

Email: CORE@CAQH.org



@CAQH