CAQH CORE

# Go Paperless and Get Paid: Industry Support of Provider EFT/ERA Adoption, with NACHA and WEDI

March 27, 2018

2:00 – 3:00 PM ET

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# Logistics

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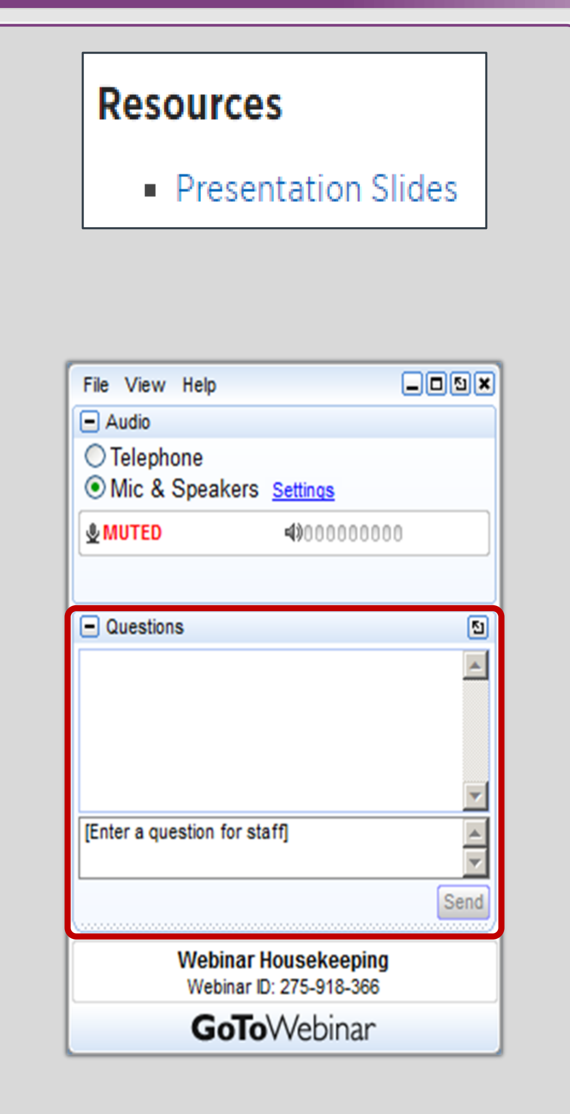


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# Session Outline

- Phase III CAQH CORE Operating Rules.
- NACHA Electronic Healthcare Payment Update.
- WEDI EFT/ERA Adoption Resources and Best Practices.
- Q&A.

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# Phase III CAQH CORE Operating Rules

**Robert Bowman**
*CAQH CORE Director*

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# CAQH CORE Mission & Vision

Drive the creation and adoption of healthcare operating rules that **support standards**, **accelerate interoperability** and align administrative and clinical activities among providers, payers and consumers.

An **industry-wide facilitator** of a trusted, simple and sustainable healthcare data exchange that evolves and aligns with market needs.

**Named by Secretary of HHS to be national author for three sets of operating rules** mandated by Section 1104 of the Affordable Care Act.

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# CAQH CORE is Driving Industry Value

**130**

**CAQH CORE Participating Organizations**

working in collaboration to simplify administrative data exchange through development and maintenance of operating rules.

**4**

**Phases of Operating Rules**

developed to facilitate administrative interoperability and encourage clinical-administrative integration by building upon recognized standards.

**3**

**Federally Mandated Phases of Operating Rules**

per Section 1104 of the Affordable Care Act to address and support a range of administrative transactions.

**330**

**CAQH CORE Certifications**

awarded to entities that create, transmit or use the healthcare administrative and financial transactions addressed by the CAQH CORE Operating Rules.

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# Phase I-IV CAQH CORE Operating Rules

*Healthcare Organizations are Implementing & Seeing Benefits*

| Phase | Transactions | Benefits | |
|---|---|---|---|
| Phase I – II | ▪ Health plan eligibility<br>▪ Claim status transactions | ▪ **Improves patient registration** process.<br>▪ Real-time eligibility and benefit checks **reduces claim denials**.<br>▪ **Decreases duplicate** claim submissions.<br>▪ **Reduces misidentification** of patients and mistaken denials. | Mandated |
| Phase III | ▪ Electronic funds transfer<br>▪ Health care payment and remittance advice | ▪ **Improves cash flow** via expedited payment and remittance reconciliation.<br>▪ **Eliminates** the need for **manual re-keying** of reconciliations.<br>▪ Increases ability to **conduct targeted payment issue follow-ups**. | Mandated |
| Phase IV | ▪ Health claims or equivalent encounter information<br>▪ Referral, certification and authorization<br>▪ Enrollment/disenrollment in a health plan<br>▪ Health plan premium payments<br>▪ Health claims attachments* | ▪ **Enhances revenue cycle management** during healthcare claim submission.<br>▪ **Reduces staff time** on manual phone or fax inquiries for prior authorization.<br>▪ **Alleviates delays or errors** in processing employee change-of-life events. | Voluntary |

**CAQH CORE is HHS-designated Operating Rule Author**

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

*CAQH CORE chose to hold drafting operating rules on health claims attachments until there is a mandated HHS Standard.

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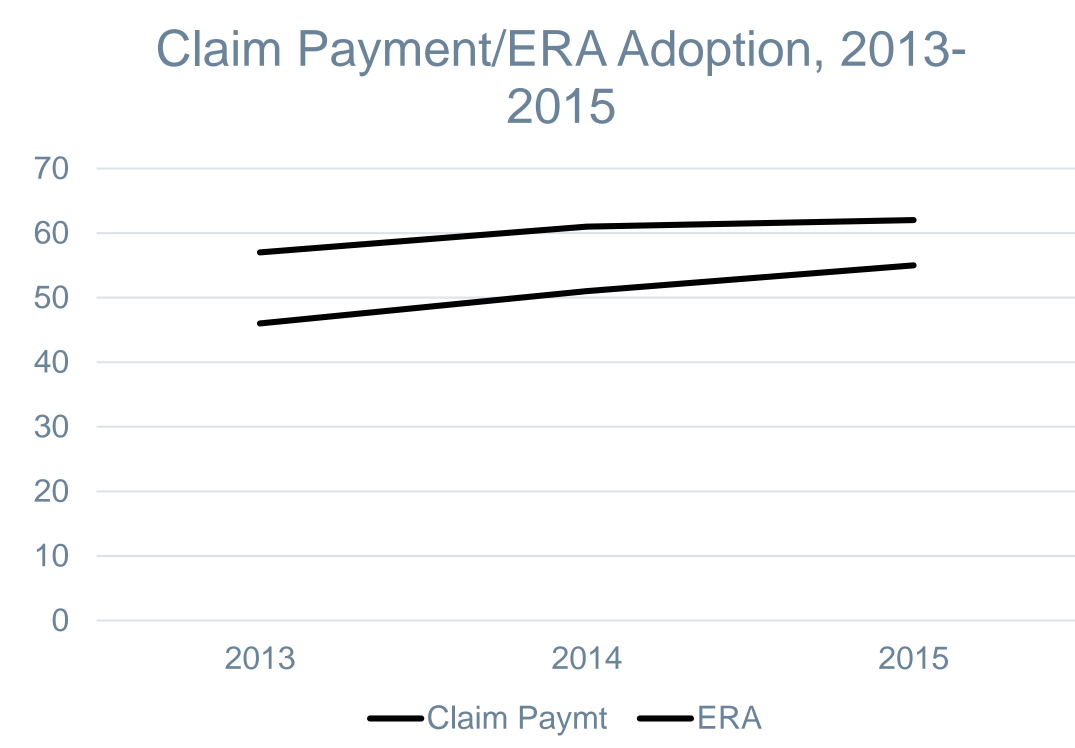
# CAQH Index

*Sole Industry Source Tracking Transition to Adoption of Electronic Transactions*

- **Claim Payment (62% Adoption):** Claim payment adoption continued its upward trajectory to 62% in 2015, compared to 61.4% in 2014.
- **Remittance Advice (55% Adoption):** There was a steady increase in adoption of ERA transactions – 55% in 2015, compared to 51% in 2014.




The growth in adoption for ERA and EFT by health plans and providers has not been as rapid as anticipated given the ACA mandated operating rules were effective January 2014. Regulatory implementation may take more time to realize significant impact and ROI. CAQH CORE continues to study potential barriers to implementation.

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

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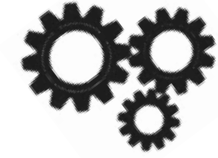
CAQH CORE

# ACA Mandated Healthcare EFT Standard and EFT & ERA Operating Rules

| Healthcare EFT Standard | EFT & ERA Operating Rules |
| --- | --- |
| Adopts the NACHA ACH CCD plus Addenda Record (CCD+) and the X12 v5010 835 TR3 TRN Segment as the HIPAA mandated Healthcare EFT Standard. | 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. |

## INFRASTRUCTURE



### CAQH CORE 350

**Health Care Claim Payment/Advice (835) Infrastructure Rule**

- Includes CAQH CORE Master Companion Guide.
- Requires CAQH CORE Connectivity Rule.
- Details batch acknowledgement requirements.

### 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 as well as elapsed time between sending and receipt.
- Determines requirements for resolving late/missing EFT/ERA transactions.

### CAQH CORE 380/382

**EFT & ERA Enrollment Data Rule (380 & 382)**

- Identifies a maximum set of standard data elements for EFT enrollment.
- Requires health plan to offer electronic EFT enrollment.
- Requires providers to specify how payments should be made.

## DATA CONTENT

### CAQH CORE 360

**Uniform Use of CARCs & RARCs (835) Rule**

- Identifies four CAQH CORE-defined Business Scenarios with a set of required code combinations that convey details of the claim denial or payment to the provider.

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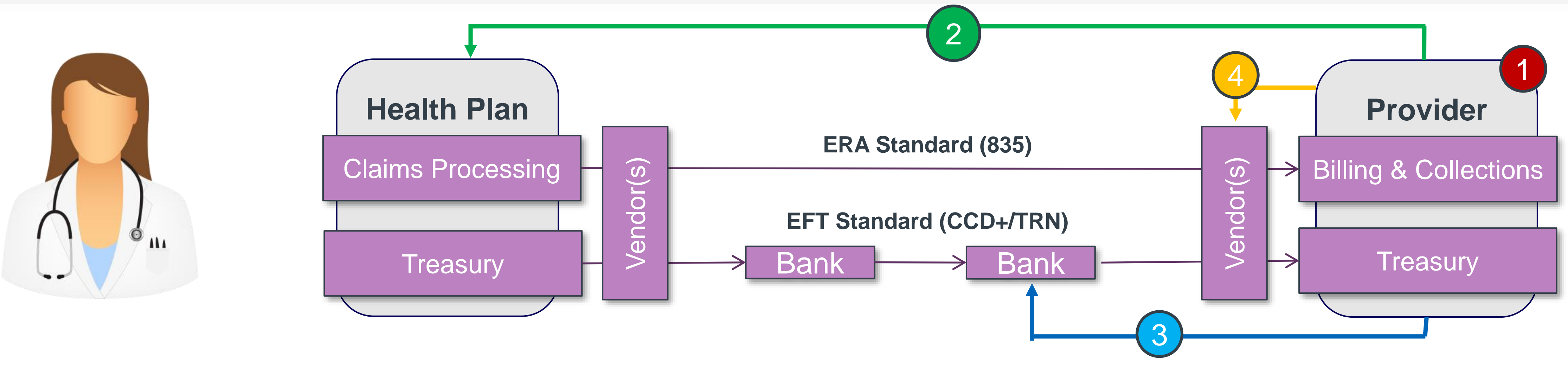
# How to Maximize Benefits of Phase III Operating Rules

*Provider Actions Supported by CAQH CORE Resrouces*




| Steps | Provider Actions |
|---|---|
| 1 | Determine if you are conducting the applicable electronic transactions.<br>▪ If you conduct the X12 v5010 835 and ACH CCD+, these transactions must comply with the Operating Rules.<br>▪ Assess organizational readiness/compliance and identify all systems and vendors that touch the X12 v5010 835 and EFT Standard transactions.<br>✓ Use CAQH CORE Analysis and Planning Guide. |
| 2 | Understand health plan agreements and options for payment and remittance information.<br>▪ Request healthcare EFT payments from your payers, both public and private.<br>✓ Use 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.<br>✓ Use the CAQH CORE *Sample Provider EFT Reassociation Data Request Letter to help facilitate this request.* |
| 4 | If applicable, ensure vendor has updated its systems to align with the CAQH CORE Operating Rules.<br>▪ Encourage your vendor (and Health Plan) to become CAQH CORE Certified. |

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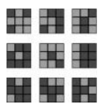
CAQH CORE

# CAQH CORE Code Combinations Maintenance

*Opportunity for Updates & Improvements Enhances Provider Experience*

There was extensive confusion throughout the healthcare industry regarding the use of the codes.



Providers did not receive the same uniform and consistent CARC/RARC/CAGC combinations from all health plans requiring manual intervention.

Decisions on the CARC and/or RARC used to explain a claim payment business scenario were left to the health plans, lending a high level of subjectivity and interpretation to the process.

CAQH CORE is responsible for maintaining the ***CORE Code Combinations*** via the CORE Code Combinations Maintenance Process.

**CARC**

**Claim Adjustment Reason Codes**

Provides the reasons for positive/ negative financial adjustment to a claim.

This list is maintained by ASC X12.

**RARC**

**Remittance Advice Remark Codes**

Provides supplemental information about why a claim or service line is not paid in full.

This list is maintained by CMS.

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# CAQH CORE Code Combinations Maintenance

*CAQH CORE Participants Involved in Reviews*

## Code Combinations Task Group (CCTG)

### Compliance-based Reviews

**Occur 3x per year.**

**Include only adjustments to align updates to published code lists.**

**Most Recent Publication: *CORE Code Combinations v3.4.2* in February 2018.**

### Market-based Reviews

**Occur 1x per year.**

**Consider only adjustments to address evolving industry business needs. Open to all HIPAA-covered entities.**

**The 2017 Market-based Review closed March 2nd, 2018.**

**CORE Business Scenario #1**

Additional Information Required – Missing/Invalid/ Incomplete Documentation

(371 code combos)

**CORE Business Scenario #2**

Additional Information Required – Missing/Invalid/ Incomplete Data from Submitted Claim

(397 code combos)

**CORE Business Scenario #3**

Billed Service Not Covered by Health Plan

(858 code combos)

**CORE Business Scenario #4**

Benefit for Billed Service Not Separately Payable

(63 code combos)

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# Go Paperless and Get Paid: NACHA Electronic Healthcare Payment Update


Priscilla C. Holland, AAP, CCM

Senior Director, Healthcare Payments

NACHA, The Electronic Payments Association



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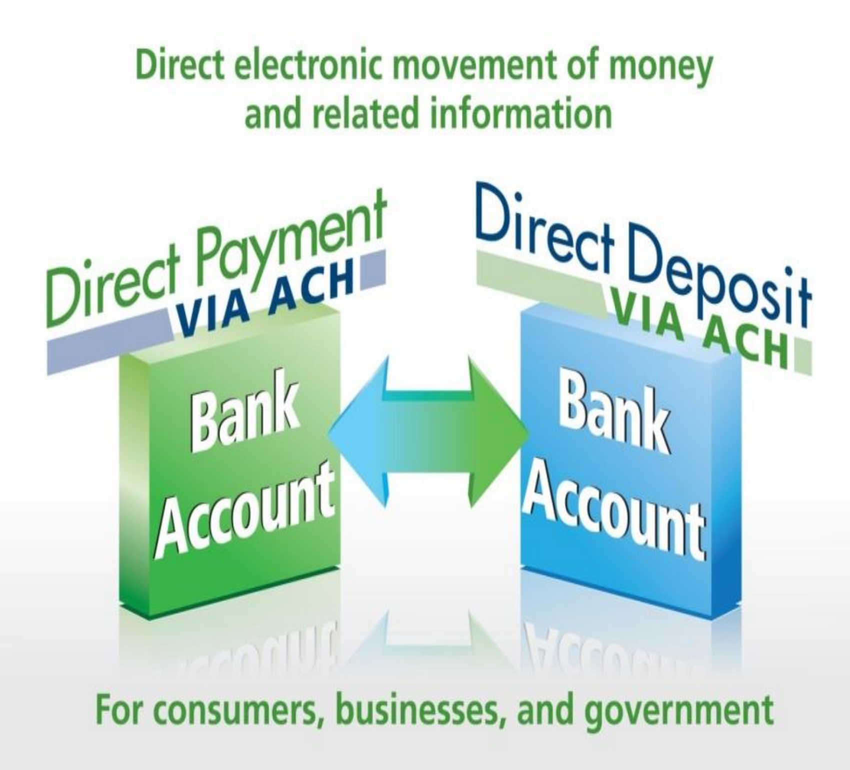
# NACHA and the ACH Network

- **NACHA is the private sector rule-making organization that administers the ACH Network.**
- **NACHA is the standards organization for the healthcare EFT standard.**
- Develops, maintains, and enforces the *NACHA Operating Rules.*
- The ACH Network:
  - Facilitates global commerce by serving as a safe, efficient, ubiquitous and high-quality electronic payment system; it is best known for Direct Deposit and Direct Payment.
  - Is accessible via more than 11,000 U.S. financial institutions.
  - Processed more than 25 billion ACH payments in 2016, moving more than $43 trillion in value.
  - Provides funds transfer and settlement of credit and debit card transactions.

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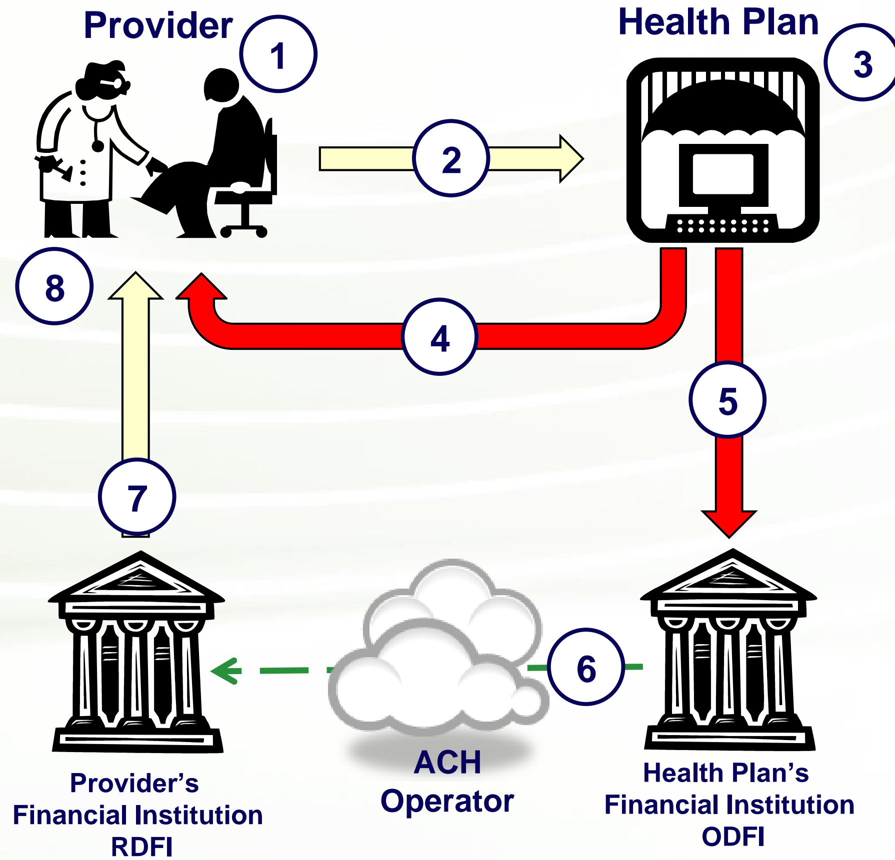
# Healthcare Payment Chain




1. Patient encounter with **Provider**.
2. Provider submits Claim (837) to **Health Plan**.
3. Health Plan adjudicates Claim.
4. *Health Plan sends Electronic Remittance Advice (ERA) (835) to **Provider**; the ERA contains TRN Reassociation Trace Number.
5. *Health Plan sends CCD+ to **ODFI** for claim reimbursement, including a matching TRN Reassociation Trace Number.
6. ODFI Sends ACH CCD+ Addenda through ACH Network to **RDFI.**
7. RDFI receives CCD+ for Provider, deposits credit to Provider account **and delivers the TRN Reassociation Trace Number to Provider if requested by Provider.**
8. Provider reconciles the payment and ERA by matching the TRN segment from both transactions.

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# Healthcare EFT Standard – HIPAA Standard

- 45 CFR 162.1602 identifies the healthcare EFT standard as the NACHA CCD+Addenda (effective Jan 1, 2014).
  - ***Addenda must be populated with the TRN Reassociation Trace Number as defined in the ASC X12 835 version 5010 TR3 Report (Implementation Guide).***
  - The TRN data segment is carried in the healthcare EFT standard and the Electronic Remittance Advice (ERA) 835 and used to reassociate the payment with the ERA.
  - All health plans must be able to deliver the healthcare EFT standard for claims reimbursement payments if it is requested by the provider.

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# PPACA Mandated EFT & ERA Operating Rules

| Rule | | High-Level Requirements |
|---|---|---|
| **Data Content** | ***Uniform Use of CARCs and RARCs (835) Rule***<br>Claim Adjustment Reason Code (CARC)<br>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.<br>• Outlines a flow and format for paper and electronic collection of the data elements.<br>• Requires health plan to offer electronic EFT enrollment. |
| | ***ERA Enrollment Data Rule*** | • Similar to EFT Enrollment Data Rule |
| | ***EFT & ERA Reassociation (CCD+/835) Rule Rule 370*** | • Addresses provider receipt of the CAQH CORE-required Minimum ACH CCD+ Data Elements required for re-association.<br>• **Addresses elapsed time between the sending of the v5010 835 and the CCD+ transactions (3 business days before and no later than 3 business days after the Effective Entry Date of the EFT).**<br>• Requirements for resolving late/missing EFT and ERA transactions.<br>• Provider must contact their financial institution to request the delivery of the TRN Reassociation Trace Number. |
| | ***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.<br>• Requires entities to support the Phase II CAQH CORE Connectivity Rule.<br>• Includes batch Acknowledgement requirements.*<br>• Defines a dual-delivery (paper/electronic) to facilitate provider transition to electronic remits. |

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# Changes to the NACHA Operating Rules to Align with Healthcare

| Overview of NACHA Rule Changes | Detail |
|---|---|
| **Standard Identification of Health Care EFTs** | The rule requires health plans to clearly identify CCD Entries that are Health Care EFT Transactions through the use of the specific identifier "HCCLAIMPMT." |
| **Additional Formatting Requirements for Health Care EFTs** | For a CCD Entry that contains the healthcare indicator, as described above, **the health plan must include an addenda record that contains the ASC X12 Version 5010 835 TRN (Reassociation Trace Number) data segment; and to identify itself in the transaction by its name as it would be known by the provider.** |
| **Delivery of Payment Related Information (Reassociation Number)** | The rule requires an RDFI to provide or make available, either automatically or upon request, all information contained within the Payment Related Information field of the Addenda Record, no later than the opening of business on the second Banking Day following the Settlement Date. Further, this Rule requires the RDFI to offer or make available to the healthcare provider an option to receive or access the Payment Related Information via a secure, electronic means. |
| **Addition of New EDI Data Segment Terminator** | The rule provides for the use of a second data segment terminator, the tilde ("~"), to any data segments carried in the Addenda Record of the CCD Entry. |
| **Health Care Terminology within the NACHA Operating Rules** | The rule includes healthcare-related definitions. |

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# Healthcare EFT Annual Volumes 2014-2017

Millions

Increase
2014 – 2017  84.2%
2016 – 2017 13.7%

| Year | Volume |
|---|---|
| 2014 | 149 |
| 2015 | 207.6 |
| 2016 | 241.9 |
| 2017 | 280 |

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# Healthcare EFT Standard Value Proposition for Providers

- Receive health plan payments weeks faster to bill and collect remaining patient payment responsibility (i.e., deductibles) sooner.
- Easy claims payment reconciliation with the EFT trace number included in the ERA.
- Reduce posting errors.
- Reduce administrative work and days in accounts receivable.
- Reduce account receivable processing by moving from paper checks to EFT via ACH and ERA.
- The 2016 CAQH Report indicates that the healthcare industry could save an estimated $7.87 per claim payment & remittance advice by moving to electronic transactions and auto-reconciliation.

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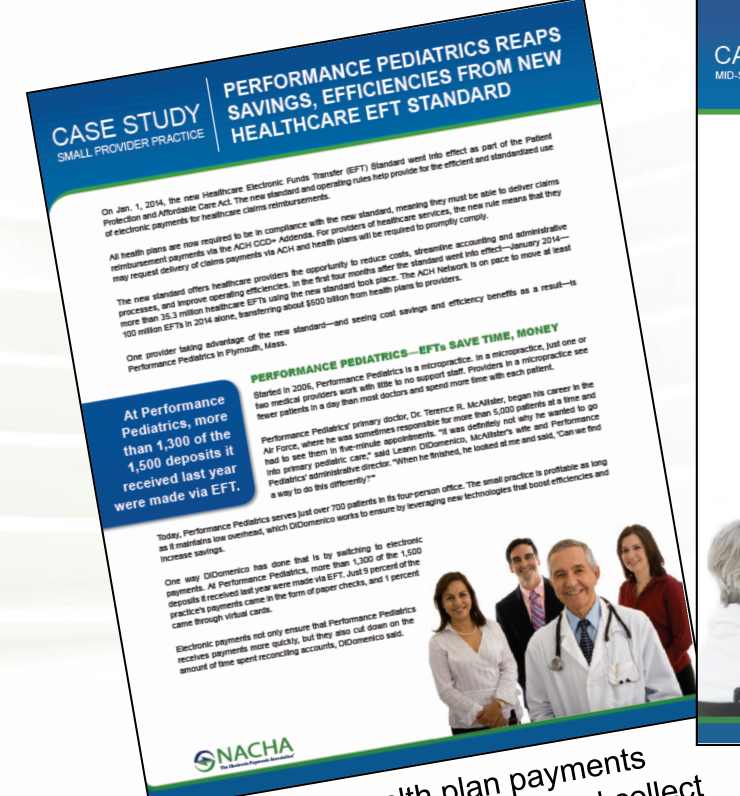
https://healthcare.nacha.org/ProviderResources

# Case Studies



CASE STUDY
SMALL PROVIDER PRACTICE

PERFORMANCE PEDIATRICS REAPS SAVINGS, EFFICIENCIES FROM NEW HEALTHCARE EFT STANDARD

PERFORMANCE PEDIATRICS—EFTs SAVE TIME, MONEY

At Performance Pediatrics, more than 1,300 of the 1,500 deposits it received last year were made via EFT.

NACHA

Receive health plan payments weeks faster allows to bill and collect remaining patient payment responsibility (i.e., deductibles) sooner.

CASE STUDY
MID-SIZE PROVIDER PRACTICE

ONE YEAR LATER, VALUE PROPOSITION OF HEALTHCARE EFTS BECOMES REALITY FOR MEDICAL GROUP

The federally mandated Healthcare Electronic Funds Transfer (EFT) Standard, which became effective January 1, 2014, as part of the Patient Protection and Affordable Care Act, requires that all health plans deliver the healthcare EFT standard via ACH if it is requested by the provider.

The EFT standard offers healthcare providers the opportunity to reduce costs, streamline accounting and administrative processes, and improve operating efficiencies. In 2014, the ACH Network moved more than 149 million EFTs, transferring about $876.6 billion in claim payments from health plans to providers. The estimated savings to the healthcare industry overall is approximately $295 million compared to using paper checks, according to the 2013 CAQH U.S Healthcare Efficiency Index.

Midwest Center for Women's Health Care (MCWHC), a group of 11 OBGYN practices in the Chicago area, is one of the many providers taking advantage of the new Healthcare EFT Standard—and reaping its benefits.

According to Eric Brodsky, MCWHC's director of billing and operations, the healthcare group has experienced significant cost savings by converting to electronic payments.

SAVING MONEY AND TIME

Founded in 2002, MCWHC is a collection of semi-autonomous OBGYN practices located in the northern and northwest suburbs of Chicago. Operating as one group allows the practices to maintain independence while saving on costs, creating economies of scale with purchasing, and centralizing certain services. MCWHC has more than 56 providers, 19 medical locations, and a central business office. In 2014, it served more than 55,000 patients and expects to grow even further in 2015.

For several years, the MCWHC billing office has been working with insurers to convert to electronic payments whenever possible. The company worked first with the insurers it billed most—Aetna, United, Humana, Cigna and Blue Cross-Blue Shield—to switch to EFT. It then worked to convert smaller insurers, as well. Today, roughly 90 percent of the company's payments are electronic. Eventually, MCWHC would like to receive all of its payments electronically.

According to Eric Brodsky, MCWHC's director of billing and operations, the healthcare group has experienced significant cost savings by converting to electronic payments. Not only are EFTs more secure than traditional checks, but they offer a potential savings of $1.98 per payment, according to the 2013 CAQH U.S Healthcare Efficiency Index.

MCWHC also has seen cost savings related to staffing thanks to EFTs. Staffers are able to process EFT payments more easily because each payment is linked to a unique electronic remittance advice (ERA) number, making it easy to identify the service and patient covered by the payment. "On a daily basis, we might receive $100,000 to $200,000 from Blue Cross, and we know right away what that payment amount consists of and which accounts that payment is for," Brodsky said.

NACHA

Cost savings related to staffing thanks to EFT and ERA.

CASE STUDY
HOSPITAL GROUP

HOW HCA IS BENEFITING FROM THE NEW HEALTHCARE EFT STANDARD

HCA—COMMITTED TO INCREASING ADOPTION OF EFTs

In the past, we'd have the EFT discussion with health plans and they could say, 'Thanks for the discussion' and change nothing. Now, with the Healthcare EFT Standard in effect, they must comply.

Doug Downey,
HCA's assistant vice president, Treasury

EFTs—REDUCING COSTS AND MANUAL PROCESSING

NACHA

Reduce receivables costs By 70 %.

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# NACHA Resources

- Healthcare Payments Resources Website
  - Provides a repository of information on a wide variety of topics for both financial institutions and the healthcare industry. Includes links to many other resources, as well as customized information to help "translate" concepts from one industry to the other (FAQs, reports, presentations).
  - http://healthcare.nacha.org/.
- Healthcare EFT Standard Information
  - Located within the healthcare industry tab of the above website, specific information can be found on the healthcare EFT standard.
  - http://healthcare.nacha.org/.
- Healthcare Payments Resource Guide
  - Publication designed to help financial institutions in implementing healthcare solutions. It give the reader a basic understanding of the complexities of the healthcare industry, identify key terms, review recent healthcare legislation, and discuss potential impacts on the financial services industry.
  - Order from the NACHA eStore "Healthcare Payments" section: www.nacha.org/estore.
- Healthcare *ePayments Newsletter*
  - Quarterly newsletter for healthcare and financial services industry. Must register to receive the free newsletter at listrequest@nacha.org.
- ACH Primer for Healthcare Payments
  - A guide to understanding EFT payment processing. Introduces the healthcare industry to the Automated Clearing House (ACH) Network, explains ACH transaction flow and applications, and includes two "next steps checklists," one each for origination and receipt.(Free pdf publication)
  - https://healthcare.nacha.org/ACHprimer.

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# Polling Question #1

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

- Never (0% of the time).
- Occasionally (1% - 35% of the time).
- Sometimes (36% - 50% of the time).
- Often (51% - 90% of the time).
- Always (91% - 100% of the time).

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# Go Paperless and Get Paid: EFT/ERA Adoption Resources and Best Practices

Pam Grosze
Vice President and Senior Product Manager
PNC Bank Healthcare Division
WEDI Board of Directors

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# Speaker Information

**Pam Grosze -** Pam Grosze is Vice President and Senior Product Manager for PNC Bank's Healthcare Division, and has more than 25 years' experience in the Healthcare industry. Pam also plays a leading role in industry organizations as co-chair of ASC X12's Payments Workgroup (835), Board member for WEDI, co-chair of WEDI's Workgroup Leadership Committee and Data Exchange workgroup, and co-chair of WEDI's Remittance Advice and Payments subworkgroup. Pam is also a Board member and the X12 liaison for The Cooperative Exchange.

# What is WEDI?

WEDI (Workgroup for Electronic Data Interchange) is a nonprofit organization focused on the use of health IT to improve healthcare information exchange – enhancing quality of care, improving efficiency and reducing costs.

- Formed in 1991 by the Secretary of Health and Human Services (HHS), WEDI was named in the 1996 HIPAA legislation as an advisor to HHS and continues to fulfill that role today.
- WEDI is a coalition comprised of a cross-section of the healthcare industry: doctors, hospitals, health plans, laboratories, pharmacies, clearinghouses, dentists, vendors, government regulators and other industry stakeholders.

# WEDI Resources

WEDI provides a full suite of resources designed to help organizations better understand and manage health IT.  The Resources section provides access to WEDI's various tools and library of health IT information:

- White Papers
- Issue Briefs
- Webinars
- Articles
- Comment Letters & Testimony
- HIPAA Glossary

https://www.wedi.org/knowledge-center

# EFT & ERA Adoption

WEDI's ePayments Taskforce formed to create a document outlining Guiding Principles for Electronic Payments.

*WEDI ePayments Taskforce*

**Electronic Payments: Guiding Principles**

**August 23, 2016**

**Workgroup for Electronic Data Interchange**

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# ePayments: Guiding Principles (sample)

The following principles have been developed to guide the industry in the use of all epayment methodologies and leverage the advantages of the administrative simplification opportunities associated with use of the ACH EFT and ERA standards and operating rules.

- *All industry stakeholders should take the necessary steps to incorporate/optimize ACH EFT and ERA into their workflow.*
- *The EFT enrollment process should be expedited, and the current payment method should not be interrupted until the EFT enrollment is completed.*
- *Before making payment via an electronic method OTHER than ACH EFT, explicit agreement (opt-in) must be received from the provider and all fees disclosed.*
- *ACH EFT payment must be available with no fees.*

# EFT & ERA Adoption

WEDI's Remittance Advice & Payment SWG created a document outlining Barriers to Adoption and Best Practices for the ERA and EFT transactions.

WEDI Strategic National Implementation Process (SNIP)
Data Exchange Workgroup
Remittance Advice and Payment Subworkgroup

## Electronic Remittance Advice and Fund Transfers White Paper

## Barriers to Adoption of the ERA and EFT Transactions

**September 15, 2017**

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# ERA & EFT Barriers to Adoption

The results of a 2016 survey indicated that the industry is still plagued with challenges that result in barriers to adoption of the ERA and EFT transactions. In order to discuss these challenges, the SWG created a white paper, including best practices for resolving the barriers.

- Some payers do not offer ERA or EFT, or do not provide the CAQH CORE Minimum Required Data for Reassociation.
  - Payers should ensure that their systems are updated to provide the ERA and EFT transactions, along with the Reassociation information.
- Payers may provide multiple payments per ERA or multiple ERAs per payment.
  - Payers should always create a single payment (EFT) with a single ERA, and should ensure that the amounts match in both transactions.
- Providers need the ability to automatically compare the reassociation information between the EFT and ERA.
  - Practice management systems should provide the functionality for comparing reassociation information.

# ERA & EFT Barriers to Adoption

Additional topics covered:

- Interacting with Financial Institutions, Vendors, Clearinghouses.
- ERA File Balancing.
- COB.
- TIN vs NPI in the ERA and EFT.
- OverPayment Recovery.
- Enrollments.
- Researching Missing Files.
- Determining Plan Used in Adjudication.
- Adjustment Codes.

# Other WEDI Resources

Documents by the Remittance Advice & Payment SWG

- Barriers to Adoption of the EFT and ERA Transactions
- EFT Relationship to the 835
- Reassociating Healthcare Payments
- Overpayment Recovery in 5010
- NACHA Operating Rules Updates
- EFT and ERA Enrollment Process
- Implementing a Healthcare Payment EFT Process
- NPI Utilization in Healthcare EFT Transactions

Healthcare Administrative Technology Association (HATA) resource library
http://www.hata-assn.org/eft-era-resource-library-landing-page

# How can you get involved?

- WEDI's Remittance Advice & Payment SWG.
  - Conference Calls 1st & 3rd Monday of each month.
  - Dial-in information available on www.wedi.org.
  - Sign up for the list-serv.
- Other WEDI WGs and SWGs.
  - Visit www.wedi.org.

# Polling Question #2

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

- Never (0% of the time).
- Occasionally (1% - 35% of the time).
- Sometimes (36% - 50% of the time).
- Often (51% - 90% of the time).
- Always (91% - 100% of the time).

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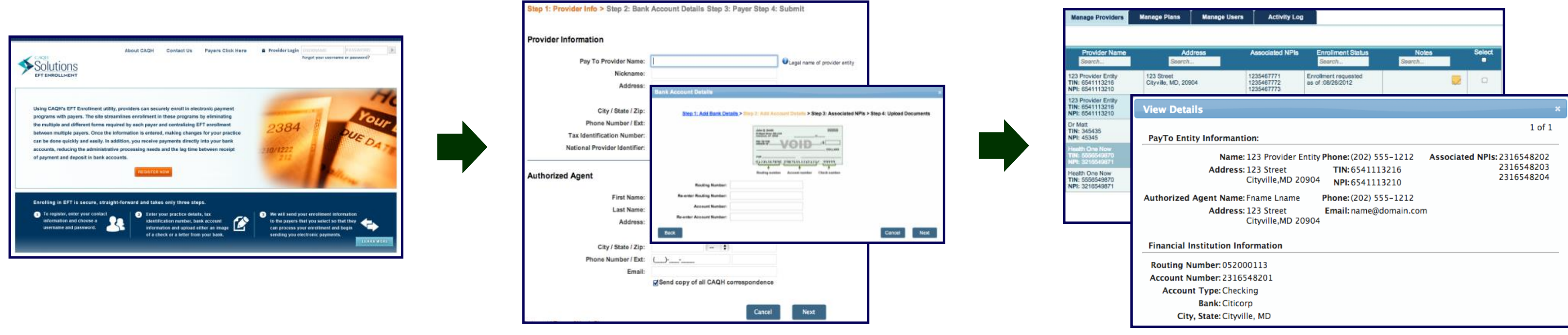
# Potential Solution: Streamlined Enrollment – CAQH EnrollHub




- 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.

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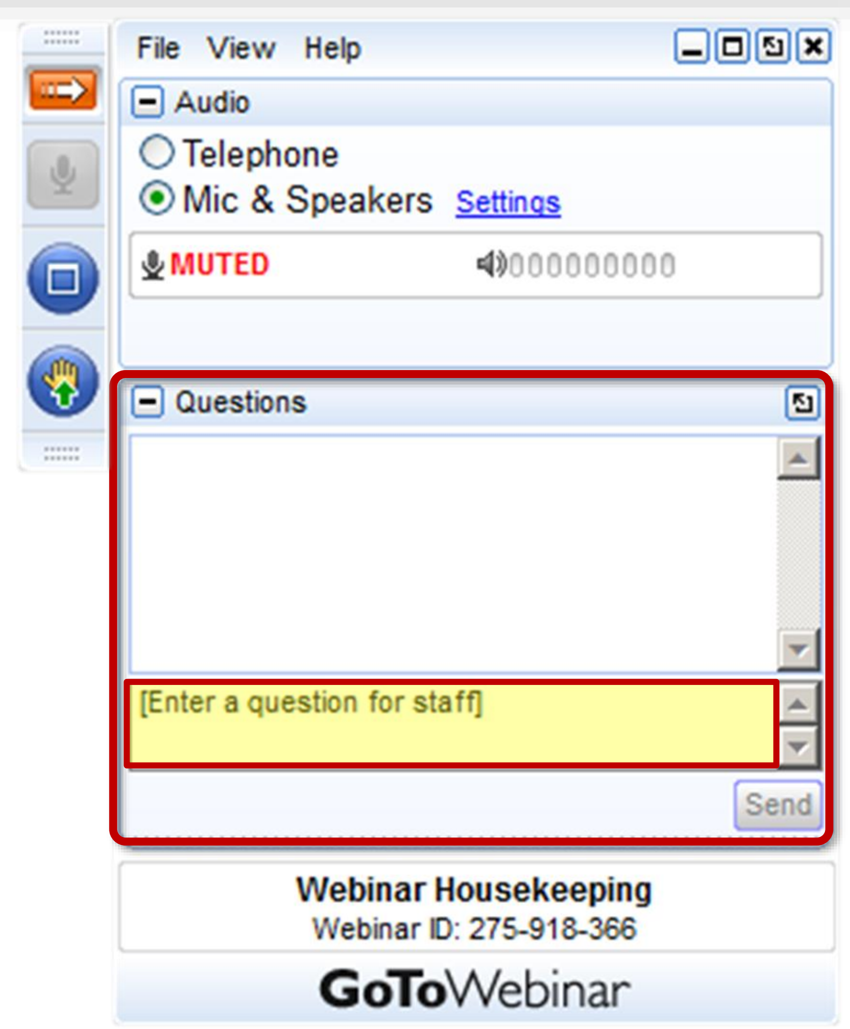
# CAQH CORE Participant Q&A

***Please submit your questions and comments:***

Submit written questions or comments on-line by entering them into the **Questions panel on the right-hand side of the GoToWebinar dashboard.**

Attendees can also submit questions or comments via email to core@caqh.org.



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# Upcoming CAQH CORE Education Sessions

**New CAQH CORE Report: All Together Now – Applying the Lessons of FFS Streamline Adoption of Value-based Payments**
**Tuesday, April 10TH, 2018 – 1 PM ET**

**Town Hall National Webinar**
**Thursday, May 10TH, 2018 – 2 PM ET**

**VBP Series: CMS Center for Clinical Standards & Quality VBP Activities with Focus on Interoperability**
**Thursday, May 3rd, 2018 – 2 PM ET**

To register for these, and all CAQH CORE events, please go to **www.caqh.org/core/events**

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# Thank you for joining us!

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**The CAQH CORE Mission**

Drive the creation and adoption of healthcare operating rules that support standards, accelerate interoperability, and align administrative and clinical activities among providers, payers and consumers.

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