Getting Started with the EFT Standard and EFT & ERA Operating Rules

The Electronic Funds Transfer (EFT) Standard and Healthcare Operating Rules for EFT and Electronic Remittance Advice (ERA)

Thursday, February 7, 2013
1:00 pm to 2:00 pm ET
Participating in Today’s Interactive Event

• Download a copy of today’s presentation [HERE]
• The phones will be muted throughout the session, however you may directly communicate at any time with today’s panelists via the webex – Submit your question directly through the Q&A pane located at the bottom right hand corner of your screen
• Panelists will address audience questions during the last several minutes of the program
Session Topics

• Welcome & Introductions
• Introduction to CAQH CORE, NACHA and the ACA Mandate
• Scope of the EFT Standard Overview of the EFT Standard Final Rule
  – Introduction to the CCD+ and the ACH payment flow
  – Implementing the Healthcare EFT standard
• Scope for ACA-mandated Electronic Fund Transfer (EFT) and Electronic Remittance Advice (ERA) Operating Rules
  – How the EFT Standard and EFT & ERA Operating Rules work together
  – Key EFT & ERA Operating Rule Requirements
  – Implementing EFT & ERA Operating Rules
• Question and Answer
Learning Objectives

In this webinar, attendees will learn:

• The scope and compliance timeline for the EFT standard and Healthcare Operating Rules for EFT and Electronic Remittance Advice (ERA).
• Learn about NACHA as a healthcare EFT standards organization and the ACH CCD+ as the mandated healthcare EFT standard.
• Understand the key rule requirements of CAQH CORE EFT and ERA Operating Rules.
• Hear about implementation planning and analysis tools and resources.
Affordable Care Act (ACA) § 1104: Federally Mandated Operating Rules
ACA Mandated Operating Rules Compliance Dates: Required for all HIPAA Covered Entities

Operating rules encourage an interoperable network and, thereby, are vendor agnostic.

Compliance in Effect as of January 1, 2013

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

Implement by January 1, 2014

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

Implement by January 1, 2016

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

Rule requirements available.

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## Mandated EFT & ERA Operating Rules:
### January 1, 2014 Requirements Scope

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

* CMS-0028-IFC excludes requirements pertaining to acknowledgements.
Polling Question:

*EFT & ERA Awareness*

How would you rate your overall level of understanding of the healthcare EFT & ERA Standards and Operating Rules?

– Very Strong
– Strong
– Fair
– Limited
– Very Limited
Alignment of Healthcare and Financial Services:
The EFT Transaction
NACHA – The Electronic Payments Association

- Non-profit rule-making entity
- Author of the *NACHA Operating Rules* for almost 40 years
  - Focused on maintaining a safe, secure, and reliable Network, while balancing innovation and risk management
  - In support of financial institutions, consumers, businesses, and government entities that utilize the ACH Network
- Responsible for managing the development, administration, and governance of the ACH Network
  - Backbone by which funds are moved between bank accounts throughout the country
- Support industry education and dialogue on payments
Cross Industry Collaboration for EFT & ERA Operating Rules

- CAQH CORE and NACHA: Healthcare and Financial Services Alignment
  - Due to the mandated healthcare operating rules on EFT and the opportunities for the healthcare industry to transform the way payments are made, there is a convergence of financial services and healthcare
  - During the development of the CAQH CORE EFT & ERA Operating Rules, the CORE Participants identified key areas where either new or modified *NACHA Operating Rules* could address current issues in using the NACHA CCD+ when doing EFT healthcare payments over the ACH Network
  - The CAQH CORE EFT & ERA Operating Rules:
    - Build upon the HIPAA mandated *NACHA ACH CCD+ Standard*, in conformance with the NACHA Operating Rules, as the standard format for the healthcare EFT standard when EFT and ERA are sent separately
    - Created a thin layer of healthcare specific EFT operating rules that complement the existing *NACHA Operating Rules*, and address reassociation of EFT and ERA
  - Ongoing collaboration between CAQH CORE and NACHA including extensive education and outreach efforts
The Confluence of Health Care and Financial Services

- NACHA’s focus is supporting efficiency for payments and related information sent through banks from plans to providers
  - NACHA supports the Healthcare EFT Standard - the CCD+ working with CAQH CORE in development of the EFT & ERA Healthcare Operating Rules

Financial Institutions

Healthcare Entities
EFT and ERA Process Flow

Health Plan creates the CCD+ and ERA

ERA (835) Remittance Advice

ERA (835) Payment/Advice Sent from the Health Plan to the Provider through separate channel

Provider receives the ERA with the TRN Reassociation segment and must match it to the TRN Reassociation segment received from the RDFI

Plan FI sends the CCD+ Payment to the ACH Operator

Provider FI receives CCD+ & posts funds to Provider’s account

Reassociation TRN segment sent to the Provider

Provider

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ACH Operators Support 13,000+ Financial Institutions

The ACH Network is a virtual network – parties to the transactions are bound by legal agreements to the NACHA Operating Rules

NACHA Operating Rules

The Clearing House

ACH Network Operators

The Federal Reserve Bank of Atlanta

Financial Institutions (ODFIs & RDFIs)

Originators (Plans)

Third party processors (Health care clearinghouse, service providers)

Originators (Plans)

Third party processors (Health care clearinghouses, service providers)

Receivers (Hospitals, Dentists, Physician Groups)

Receivers (Hospitals, Dentists, Physician Groups)
Three Stages of the Healthcare EFT Standard

“Health Care Electronic Funds Transfer and Remittance Advice Transaction”

Stage 1
Payment Initiation

Stage 2
Transfer of Funds

Stage 3
Deposit Notification

Health Plan

Their Bank

Their Bank

Healthcare Provider

Plan sends CCD+ Format or Other Format by Agreement, including Reassociation TRN (Trace Number) Segment (ASC X12 835)
Adoption of standard for data content of the Addenda Record of the CCD+Addenda must contain the TRN Reassociation Trace Number data segment as defined by X12 835 TR3 version 5010 (Implementation Guide)
Changes to the *NACHA Operating Rules* to Align with Healthcare

- Details within the *NACHA Operating Rules* and CCD+ Standard are being refined to align with Healthcare Operating Rules

<table>
<thead>
<tr>
<th>Overview of NACHA Rule Changes</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard Identification of Health Care EFTs</strong></td>
<td>The rule requires health plans to clearly identify CCD Entries that are Health Care EFT Transactions through the use of the specific identifier “HCCLAIMPMT”</td>
</tr>
<tr>
<td><strong>Additional Formatting Requirements for Health Care EFTs</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Delivery of Payment Related Information (Reassociation Number)</strong></td>
<td>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 would require 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</td>
</tr>
<tr>
<td><strong>Addition of New EDI Data Segment Terminator</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Health Care Terminology within the NACHA Operating Rules</strong></td>
<td>The rule includes healthcare-related definitions</td>
</tr>
</tbody>
</table>

1Changes will be effective September 20, 2013
Getting Started with the Healthcare EFT Standard

• If your organization is new to ACH:
  – Contact your financial institutions about ACH Origination
    • Understand responsibilities and liabilities of ACH Origination
    • Formatting CCD+Addenda files
  – Establish an EFT enrollment process that is compliant with the EFT Enrollment Data Operating Rule
  – Inform providers enrolling in EFT to contact their financial institutions to receive the TRN Reassociation Trace Number by requesting the CORE-required Minimum CCD+ Reassociation Data Elements

• If your organization is currently sending ACH payments:
  – Review changes to the NACHA Operating Rules for healthcare EFT transactions and make sure changes are implemented no later than September 20, 2013
  – Review EFT enrollment process to ensure compliance with EFT Enrollment Operating Rule
  – Inform providers enrolling in EFT to contact their financial institutions to receive the TRN Reassociation Trace Number by requesting the CORE-required Minimum CCD+ Reassociation Data Elements
Healthcare EFT Standard Implementation Guide

- Healthcare EFT Standard Implementation Guide
  - What is the EFT standard?
  - How does it work?
  - Includes the CCD format
  - How to populate the specific fields
  - What are NACHA Operating Rules and how do they impact the standard?

- Available from NACHA at https://www.nacha.org/eStore
EFT & ERA Operating Rules: Implementing Mandated Operating Rules
Mandated EFT & ERA Operating Rules:
January 2014 Compliance Deadline

- The second set of operating rules has been placed in Federal regulation
  - August 2012: CMS published an Interim Final Rule with Comment, CMS-0028-IFC, with the following features:
    - 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*; covered entities must be in compliance by January 1, 2014
  - The interim final rule comment period closed on October 9, 2012
    - CAQH CORE developed a model comment letter for organizations to use as appropriate
  - No changes to the HHS IFR have been announced. HHS has publically stated that interim final rules stand as final rules. Entities should be working towards the January 2014 adoption date.

*On September 22, 2011, NCVHS issued a letter recommending that Acknowledgements be adopted as formally recognized standards, and that the CAQH CORE Operating Rules for these standards also be recognized.
Healthcare EFT & ERA Standards + Operating Rules

ACH CCD+ & X12 v5010 835

- **EFT**: NACHA CCD+Addenda (must contain the TRN Reassociation Trace Number data segment as defined by X12 835 TR3 version 5010)
- **ERA**: X12 v5010 835

CAQH CORE EFT & ERA Operating Rules

- Health Care Claim Payment/Advice (835) Infrastructure Rule
- Uniform Use of CARCs and RARCs (835) Rule
- EFT & ERA Reassociation (CCD+/835) Rule
- EFT Enrollment Data Rule
- ERA Enrollment Data Rule

Together, EFT & ERA Standards and Operating Rules will deliver efficiency and consistency across the healthcare industry.
Pre-Payment: Provider Enrollment

- EFT Enrollment Data Rule
- ERA Enrollment Data Rule

Claims Payment Process

1. **Health Plan**
   - Claims Processing
   - EFT Enrollment Data Rule
   - ERA Enrollment Data Rule

2. **Treasury**
   - Electronic Funds Transfer (CCD+/TRN)
   - Stage 1: Initiate EFT

3. **Bank**

4. **Provider**
   - Billing & Collections
   - Uniform Use of CARCs & RARCs Rule
   - Health Care Claim Payment/Advice (835) Infrastructure Rule

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.
EFT & ERA Enrollment Data Rules: Key Rule Requirements

**Paper-based Enrollments**

- Optional

A health plan (or its agent or vendors offering EFT enrollment) is required to:

- Collect no more data elements than the CORE-required Maximum EFT Enrollment Data Set; data elements marked optional may be collected at the entity’s discretion
- Use the format, flow, and data set including data element descriptions without modification in the Maximum EFT Enrollment Data Set
- Make available to the provider (or its agent):
  - specific written instructions/guidance to the healthcare provider for enrollment
  - instructions on the specific procedure to accomplish a change in/cancellation of their enrollment
- Include the name of the health plan/agent/ vendor offering EFT) & the purpose of the form at top of the form
- Provide additional information including where to send completed form, contact information, authorization language
- Provide instructions to access online instructions for status of enrollment
- Inform provider it must contact bank to arrange for delivery of the CORE Minimum CCD+ Reassociation Data Elements

**Electronic Enrollments**

- Must be offered

- When using XML, exact Data Element Name and Sub-element Name must be enclosed in angle brackets (i.e., < >) for the standard XML element name; and all spaces replaced with an underscore [ _ ] character
- Offer an electronic way for provider to complete and submit the EFT enrollment
Health Care Claim Payment/Advice (835)  
Infrastructure Rule: Key Rule Requirements

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

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

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

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

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1 Requirements do not currently apply to retail pharmacy
2 NOTE: CMS-0028-IFC does not adopt the Batch Acknowledgement Requirements in Section 4.2 of CAQH CORE Rule 350, as the Secretary has not yet adopted HIPAA standards for acknowledgements.
Uniform Use of CARCs and RARCs Rule

Pre CAQH CORE Rule 360:
- 800+ CARCs
- 300+ RARCs
- 4 CAGCs

Inconsistent Use of Tens of Thousands of Potential Code Combinations

Post CAQH CORE Rule 360 (Common Business Scenarios):

- CORE Business Scenario #1: Additional Information Required – Missing/Invalid/Incomplete Documentation (≈160 code combos)
- CORE Business Scenario #2: Additional Information Required – Missing/Invalid/Incomplete Data from Submitted Claim (≈300 code combos)
- CORE Business Scenario #3: Billed Service Not Covered by Health Plan (≈375 code combos)
- CORE Business Scenario #4: Benefit for Billed Service Not Separately Payable (≈35 code combos)

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

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Uniform Use of CARCs and RARCs Rule: Key Rule Requirements

Use of CORE-defined Business Scenarios

- A health plan or its PBM agent must
  - Align internal codes and business scenarios to the CORE-defined Business Scenarios
  - Support the maximum CORE-required Code Combinations as specified in *CORE-required Code Combinations for CORE-defined Business Scenarios.doc*

**NOTES:**
- An adjusted *CORE-required Code Combinations for CORE-defined Business Scenarios.doc* will be published no less than three times annually to account for updates to the published code lists.
- Published new or modified codes per the codes committees can be used until the next version of the *CORE-required Code Combinations for CORE-defined Business Scenarios.doc* is published; a deactivated code must not be used
- For more information on the CAQH CORE Code Combinations Maintenance Process click [HERE](#)

Requirements for Receivers of the v5010 835

- When receiving a v5010 X12 835, the product extracting the data (e.g., a vendor’s provider-facing system or solution) from the v5010 X12 835 for manual processing must make available to the end user:
  - Text describing the codes included in the remittance advice, ensuring that the actual wording of the text displayed accurately represents the corresponding code description specified in the code lists without changing the meaning and intent of the description and text describing the corresponding CORE-defined Claim Adjustment/Denial Business Scenario

1Requirements do not currently apply to retail pharmacy or to an entity that is simply forwarding the v5010 X12 835 to another system for further processing.
CAQH CORE Code Combinations Maintenance Process

- A CAQH CORE Code Combinations Task Group will convene three times per year to review the [CORE-required Code Combinations for CORE-defined Business Scenarios](#).
- Two types of review and adjustment to the CORE Code Combinations including:

**Compliance-based Review & Adjustment**

- **Goal:** Align [CORE-required Code Combinations for CORE-defined Business Scenarios](#) and the code sets
- **Frequency:** Occurs three times/year via Task Group
- **Scope:** Only considers updates to the CARC and RARC lists published (occurs three or more times per year) since the last update to the CORE Code Combinations as required by the CAQH CORE Rule 360
- Per CMS OESS, Compliance-based Adjustments will be **immediately recognized under HIPAA** given that CAQH CORE Rule 360 requires that publications from code authors be addressed

**Market-based Review & Adjustment**

- **Goal:** Address ongoing and evolving industry business needs
- **Frequency:** Occurs once per year during last Task Group convening
- **Scope:** Considers *industry submissions* based on real world usage data and/or a strong business case addressing:
  - Adjustments to the *existing* CORE-required Code Combinations for *existing* CORE-defined Business Scenarios
  - Addition of *new* CORE-defined Business Scenarios and associated code combinations
- Per CMS OESS, Market-based Adjustments will need to be recognized via a future and evolving Federal CMS OESS HIPAA requirement update process
EFT & ERA Reassociation (CCD+/835) Rule: Key Rule Requirements

## Elapsed Time Requirements\(^1\)
- Health plan must release the v5010 X12 835 corresponding to the Healthcare EFT Standards:
  - No sooner than three business days based on the time zone of the health plan prior to the CCD+ Effective Entry Date and no later than three business days after the CCD+ Effective Entry Date
- CCD+ Effective Entry Date must be a valid banking day and corresponding v5010 x12 835 BPR16 date is the same valid banking day

## CORE-required Minimum CCD+ Data
- Health plan must inform provider during EFT and ERA enrollment that it will need to contact its financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Reassociation Data Elements necessary for successful reassociation
- Provider must proactively contact its financial institution to arrange for the delivery of the CORE-required Minimum CCD+ Reassociation Data Elements

## Elapsed Time Auditing Requirements\(^1\)
- Health plan must ensure the v5010 X12 835 and corresponding Healthcare EFT Standards meet the elapsed time requirements ninety percent (90%) of the time as measured within a calendar month
- Health plan is required to have the capability to track and audit this elapsed time requirement

## Resolving Late/Missing EFTs and ERAs
- Health plan must establish and delivery to the provider written Late/Missing EFT and ERA Transactions Resolution Procedures
- Late or missing is defined as a maximum elapsed time of four business days following the receipt of either the Healthcare EFT Standards or v5010 X12 835

\(^1\)Specific requirements vary slightly for retail pharmacy; see Section 4 of rule for detailed requirements for retail pharmacy
## CORE-required Minimum CCD+ Reassociation Data Elements

<table>
<thead>
<tr>
<th>Focus of Rule</th>
<th>Informational Only</th>
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<tbody>
<tr>
<td>CORE-required Minimum CCD+ Reassociation Data Elements</td>
<td>Corresponding v5010 X12 835 Data Elements</td>
</tr>
<tr>
<td>CCD+ Record #</td>
<td>Field #</td>
</tr>
<tr>
<td>5</td>
<td>9</td>
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<td>6</td>
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Analysis & Planning Guide for Implementing the CAQH CORE EFT & ERA Operating Rules

• Available by 2/12/13: The new Analysis & Planning Guide provides guidance for Project Managers, Business Analysts, System Analysts, Architects, and other project staff to complete systems analysis and planning for implementation of the CAQH CORE EFT & ERA Operating Rules

• Guide should be used by project staff to:
  – Understand applicability of the CAQH CORE Operating Rule requirements to organization’s systems and processes that conduct the EFT and ERA transactions
  – Identify all impacted external and internal systems and outsourced vendors that process EFT & ERA transactions
  – Conduct detailed rule requirements gap analysis to identify system(s) that may require remediation and business processes which may be impacted

• The guide includes three tools to assist entities in completing analysis and planning:
  – Stakeholder & Business Type Evaluation
  – Systems Inventory & Impact Assessment Worksheet
  – Gap Analysis Worksheet
CAQH CORE Analysis & Planning Tools in Guide

**Stakeholder & Business Type Evaluation**

**Objective:** Understand what aspects of your business and/or outsourced functions are impacted by the CAQH CORE EFT & ERA Operating Rules (e.g., products, business lines, etc.)

**Systems Inventory & Impact Assessment Worksheet**

**Objective:** Understand how many of your systems/products are impacted by each CAQH CORE Operating Rule and understand with which vendors you will need to coordinate.

**Gap Analysis Worksheet**

**Objective:** Understand the level of system(s) remediation necessary for adopting each CAQH CORE Operating Rule requirement; results of completed *Gap Analysis Worksheet* will allow for development of a detailed project plan.
Question & Answer Session

Please submit your question:
• **By Phone**: Press * followed by the number one (1) on your keypad
• **Via the Web**: Enter your question into the Q&A pane in the lower right hand corner of your screen
Collaboration
...a catalyst for improved efficiencies and innovation.

Healthcare legislation will impact every financial institution in the United States. NACHA is working in partnership with CAGH CORE to help improve the efficiency and processing of healthcare payments and remittance information. U.S. healthcare expenditures accounted for 17.6 percent of the U.S. GDP in 2009. Today 20 to 40 cents of each healthcare dollar is spent on administrative costs. Healthcare legislation and Administrative Simplification can help to reduce that amount.

NACHA President and CEO Jan Estep to Speak at World Healthcare Congress


Why Should Financial Institutions Care about Healthcare Legislation?

Healthcare legislation affects not only your healthcare customers but also your financial institution.

FLs Urged to Address Reassociation Trace Number Challenge

Financial Institutions should act now to address the EFT and ERA Reassociation Trace Number challenge.
CAQH CORE Implementation Resources

- Review the [CAQH CORE EFT & ERA Operating Rules](#)
- Attend a free CAQH CORE Education Event on the ACA mandated EFT & ERA Operating Rules
- Access general [FAQs](#) regarding the ACA operating rules mandate
- Submit your questions to the CAQH CORE Request Process by emailing [core@caqh.org](mailto:core@caqh.org)
- New resources coming soon:
  - Specific EFT & ERA FAQs based on lessons learned in CORE rule writing and questions received through CAQH CORE Request Process
  - CORE Certification Test Site for the EFT & ERA Operating Rules
Additional NACHA Resources

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

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

• **Healthcare Payments Resource Guide**
  – Publication designed to help financial institutions in implementing healthcare solutions. It gives the reader a basic understanding of the complexities of the healthcare industry, identify key terms, review recent healthcare legislation, and discuss potential impacts on the financial services industry.
  – Order from the NACHA eStore “Healthcare Payments” section: [www.nacha.org/estore](http://www.nacha.org/estore).

• **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.
  – [https://healthcare.nacha.org/ACHprimer](https://healthcare.nacha.org/ACHprimer)

• **Ongoing Education and Webinars**
  – Check the Healthcare Payments Resource Website for “Events and Education”
Free Upcoming CAQH CORE Education Programs

• Mark your calendars & join us again at an upcoming webinar
  – InstaMed and CAQH CORE Webinar: EFT and ERA Implementation Insights - Models to Deliver EFT and ERA
    • Tuesday, February 12, 2013 from 3:00 pm – 4:00 pm ET
  – CMS OESS Open Mic: Ask Your Compliance Questions - Implementing ACA-Mandated Operating Rules
    • Wednesday, February 20, 2013 from 2:00 pm - 3:00 pm ET
    • Wednesday, March 20, 2013 from 2:00 pm - 3:00 pm ET
  – CAQH CORE Town Hall – a bi-monthly information session open to the public
    • March 12, 2013, 3:00 pm - 4:00 pm ET

• Visit Us at CAQH CORE Booth # 2468 at the upcoming HIMSS Annual Conference, March 3-7, 2013