CAQH CORE Education Session on EFT and ERA Operating Rules Implementation

Panel Discussion with Industry Implementers

December 12, 2013
2pm – 3:30 pm ET
Participating in Today’s Interactive Event

• Download a copy of today’s presentation [HERE](#)
• The phones will be muted upon entry and during the presentation portion of the session
• At any time throughout today’s session, you may communicate with our panelists via the web
  – Submit your questions on-line at any time by entering them into the Q&A panel on the right-hand side of the WebEx desktop
  – On-line questions will be addressed first
• There will be an opportunity for the audience to submit questions through the telephone during today’s presentation
  – When directed by the operator, press * followed by the number one (1) on your keypad
Session Topics

• Welcome Introduction

• Level-setting on Key EFT & ERA Operating Rule Concepts
  – ACA Section 1104: January 2014 EFT/ERA Operating Rule Mandate
  – Overview of EFT & ERA Operating Rule Requirements

• Industry Implementation Perspective: HealthNet
  – Margaret Richardson, Manager, EDI Business Operations, Health Net of California, inc.

• Industry Implementation Perspective: RelayHealth
  – Cate McConnell, Product Management, Payer Services, RelayHealth

• Industry Implementation Perspective: Fifth Third Bank
  – Mike Olson, Director of Healthcare Solutions, VP, Fifth Third Bank

• Q&A
Introduction:

CAQH CORE EFT & ERA Operating Rules
Scope: ACA Mandated Operating Rules and Certification Compliance Dates

Compliance in Effect As of January 1, 2013

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

Implement by January 1, 2014

- Electronic funds transfer (EFT)
- Health care payment and remittance advice (ERA)
  HIPAA covered entities will need to conduct these transactions using the CAQH CORE Operating Rules

Implement by January 1, 2014

- Health plans certify via HHS certification program for Eligibility/Claim Status/EFT/ERA rules and underlying standards
  Applies only to health plans and includes penalties until certification is complete; existing voluntary CORE Certification is for vendors/PMS/large providers, and health plans

Implement by January 1, 2016

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

HHS will issue NPRM and realign implementation date with finalization of program.


Mandated requirements available
EFT Standard and EFT & ERA Operating Rules: Required of All HIPAA Covered Entities

• **Healthcare EFT Standard:** July 2012 CMS announces [CMS-0024-IFC](#) is in effect
  - Adopts the NACHA ACH CCD plus Addenda Record (CCD+) and the X12 v5010 835 TR3 TRN Segment as the HIPAA mandated Healthcare EFT Standard

• **EFT & ERA Operating Rules:** April 2013 CMS announces [CMS-0028-IFC](#) should be considered the Final Rule and is in effect
  - Adopts Phase III CAQH CORE Operating Rules for the Electronic Funds Transfer (EFT) and Health Care Payment and Remittance Advice (ERA) transactions *except for rule requirements pertaining to Acknowledgements* *
  - CMS also confirms that the *CORE Code Combinations* maintenance process updates are immediately effective

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* [CMS-0028-IFC](#) excludes requirements pertaining to acknowledgements.
## Mandated EFT & ERA Operating Rules: Scope and Requirements

<table>
<thead>
<tr>
<th>Data Content</th>
<th>Rule</th>
<th>High-Level Requirements</th>
</tr>
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<tbody>
<tr>
<td>Uniform Use of CARCs and RARCs (835) Rule (CAQH CORE)</td>
<td><strong>Claim Adjustment Reason Code (CARC) Remittance Advice Remark Code (RARC) Rule 360</strong></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 Rule 380</strong></td>
<td>• 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</td>
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<td><strong>ERA Enrollment Data Rule Rule 382</strong></td>
<td>• Similar to EFT Enrollment Data Rule</td>
<td></td>
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<tr>
<td><strong>EFT &amp; ERA Reassociation (CCD+/835) Rule Rule 370</strong></td>
<td>• Addresses provider receipt of the CAQH CORE-required Minimum ACH CCD+ Data Elements required for re-association • Addresses elapsed time between the sending of the v5010 835 and the CCD+ transactions • Requirements for resolving late/missing EFT and ERA transactions • Recognition of the role of <em>NACHA Operating Rules</em> for financial institutions</td>
<td></td>
</tr>
<tr>
<td><strong>Health Care Claim Payment/Advice (835) Infrastructure Rule Rule 350</strong></td>
<td>• Specifies use of the CAQH CORE Master Companion Guide Template for the flow and format of such guides • Requires entities to support the Phase II CAQH CORE Connectivity Rule • Includes batch Acknowledgement requirements* • Defines a dual-delivery (paper/electronic) to facilitate provider transition to electronic remits</td>
<td></td>
</tr>
</tbody>
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* CMS-0028-IFC excludes requirements pertaining to acknowledgements. The complete Rule Set is available [HERE](#).
Pre-Payment: Provider Enrollment

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

EFT Enrollment Data Rule

ERA Enrollment Data Rule

Claims Payment Process

Stage 1: Initiate EFT

Electronic Funds Transfer (CCD+/TRN)

Infrastructure Rules

Increased System Availability

Internet Connectivity and Security

Real-time and Batch Response Times

Standard Companion Guides

Claims Processing

Health Plan

Treasury

Bank

Bank

Billing & Collections

Provider

Infrastructure Rules

Content: Uniform Use of CARCs & RARCs Rule

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

Payment/Advice (835)
Implementing EFT/ERA
Operating Rules

A Health Plan Perspective

December 12, 2013
Margaret Richardson
Health Net, Inc.
EDI Manager
About Health Net, Inc.

• Health Net, Inc. delivers managed health care services through health plans and government-sponsored managed care plans throughout AZ, CA, WA and OR

• Health Net provides services to approximately 5.3 million individuals across the country through group, individual, Medicare, Medi-Cal, and the Department of Defense, including TRICARE and Veterans Affairs programs

• Behavioral health services are offered through Managed Health Network (MHN), Health Net’s behavioral health subsidiary

• Health Net is a CAQH member and CAQH CORE participant

• Jim Woys, Executive Vice President and COO of Health Net, Inc., serves on the CAQH Executive Committee and its Board of Directors

• Health Net was an early adopter of CAQH CORE Operating Rules and is a Phase I and Phase II CORE-certified health plan
Project Team Resources

- Single Business Owner – Claims EDI
- EPCO (Enterprise Process Change Organization) oversight of the project. This department’s goal is to ensure regulatory compliance across all business areas and subsidiaries
  - Bi-weekly meetings across all areas to ensure that all impacted parties are involved and aware of the compliance regulations
- Dedicated Project Manager
- Subject Matter Experts (SME’s) - Business Analysts from several teams (EDI, Claims, Compliance, Web)
- Developers and Testers and Implementation Team
EFT and ERA Overview

• Adoption rate
  – 23% of our payment are via EFT
  – Avg 45,000 EFT’s and 200,000 ERA’s monthly (~100,000 are $0 payment ERA)

• Health Net allows either ERA or EFT or both

• Higher adoption rate on ERA than EFT

• Enrollment Process
  – Formerly required hard copy forms and signature on EFT
  – Form is downloadable on www.healthnet.com to print, fill out and fax
  – Implemented the Online Enrollment in December
    ▪ Manual enrollment into the claim system by EDI team
Where To Begin?

- While gathering our requirements to meet all the rules, we started with the quick fixes and easy to implement
  - Our companion guides were compliant so we could cross that off the list!
  - Our ERA’s and EFT’s are generated on the same business day and sent out the next day – check that one off the list!
  - 999’s already developed in ASC X12 v5010
  - Enrollment forms were updated to meet the requirements. As active participants on the WEDI ERA/EFT sub-workgroup we built our enrollment form as the WEDI group developed the white paper.
  - Meetings and discussions between claims area and EDI were scheduled throughout regular intervals for the CARC/RARC mapping
  - Projects requiring development were initiated across the enterprise to ensure all systems would be ready in time
    - Online Enrollment for ERA and EFT
    - Reports to confirm Elapsed Time Auditing for ERA and EFT
Challenges

• Many Deliverables – How to ensure one isn’t missed
  – EPCO tracking all deliverables with a final result of an Evidence of Compliance Document

• CARC and RARC mapping
  – With several different claims systems with many different product lines, different business departments/teams handled each claim system and had their own set of adjustment codes
  – It was essential to get everyone on the same page. Coordinated it all through the EDI department
  – Required large amount of man hours to address the mapping which is in constant flux with new products being added and updates to the CORE required code mapping
  – Internal adjustments not that clear to tie back into the defined scenarios
    • Translating ‘CORE speak’ to our internal claims/product lingo
Challenges cont.

• Competing Resources
  – The online enrollment forms were delayed due to a full Web redesign of our site. Ensuring that we met our deliverable dates are critical
    ▪ Design and development times were much longer than expected
  – Other compliance and new business projects vying for same SME’s
Importance of Involving Your Trading Partners

• Communication is key
  – ERA
    ▪ Work with several clearinghouses to deliver our ERA’s. Had to ensure that we worked together to meet the 835 Infrastructure Rule
    ▪ Communication via meetings and regular email communication
  – EFT
    ▪ Although we’ve been sending CCD+ with the reassociation number for several years, we had to ensure our partners were ready for the next steps
    ▪ Meetings were scheduled with our banking partners to ensure they were addressing the NACHA Operating rules
    ▪ Never assume!
      • One of our new banking partners wasn’t familiar with the Healthcare EFT standards and required education and testing to be sure they met the compliance requirement
Next Steps

• Gather Evidence of Compliance
• Notification to Providers on discontinuation of delivery of both paper and electronic remit after the 30 days* outlined in the Dual Delivery requirement in CAQH CORE 350 Rule
• Continued monitoring of CORE-required Code Combination mapping updates
  – EDI business team to monitor updates on CAQH Code Combinations maintenance website
    ▪ Use WEDI listservs and CAQH email updates to stay informed
  – Claims business area to map internal and newly added internal codes for processing with feedback from EDI team
  – Requires service request for IT to load new code combinations

*Dual delivery of paper and electronic remit can extend past 30 days based on agreement between provider and health plan but can not end before the 30 days has been reached if requested by provider.
RelayHealth Payer Services – Today’s Speakers

- **Cate McConnell**, Director of Product Management, Payer Services, RelayHealth. Cate’s responsibilities include product development, product strategy and regulatory compliance. She has worked at McKesson for nearly 5 years, after spending 9 years in Deloitte Consulting’s Life Sciences and Health Care practice.

- **Meggan Gorrell**, Project Manager, Payer Services, RelayHealth. Meggan manages customer implementations and oversees customer support for RelayHealth Payer Services’ diverse customer portfolio. She has worked for McKesson for over 9 years.

- **Patrice Brimeyer**, Account Executive, Payer Services, RelayHealth. Patrice’s priority is to assist with long range and tactical planning and optimal alignment of RelayHealth resources to meet the EDI goals of customers. Patrice’s territory includes large national payers, regional payers, TPAs and repricer organizations. She has worked for McKesson for 28 years in a variety of roles.
Introduction to RelayHealth

• RelayHealth solutions help improve clinical communication, accelerate care delivery, and drive cash collection by connecting patients, providers, pharmacies, payers and financial institutions.

• For payers, RelayHealth Payer Services offers solutions including Payer Connectivity Services (EDI Gateway) and RelayExchange (clearinghouse).

We Connect:

- 2,000 Hospitals & Health Systems
- 200,000 Physicians
- 1,900 Payers
- 15M Patient Records
- World’s Largest Retail Pharmacies

Every Year We Deliver:

- 1.9B Financial Transactions
- 152M Electronic Prescriptions
- 132M Clinical Transactions
- $899B in Charges & Payments
- 232M printed statements
About RelayPayer Connectivity Services (PCS)

- HIPAA-compliant EDI gateway product that allows payers to outsource their payer EDI functions and maintenance
- Designed to improve transaction visibility and first-pass adjudication
- Highly customizable for payer needs
- SaaS-based
- CORE I/II certified
- Handles full suite of HIPAA transactions, including ERA
- Used by Aultcare and many others
Our Compliance Approach

• RelayHealth’s perspective is that proactive regulatory compliance is good business practice and consistent with our values.

• RelayHealth is here to help its customers successfully navigate ACA, ICD10, HIPAA, and other requirements.

• For CORE III, we act as a gateway partner, handling the ERA transaction for payers.

• Our responsibilities:
  – Comply with applicable rules within our products
  – Educate trading partners
  – Work with payer customers on compliance
PCS ERA & EFT Implementation Approach

**Phase 1 – Spring/Summer 2013**

1. Assess Rules
2. Engage Internal Resources
3. Perform Gap Analysis
4. Remediate Products

**Phase 2 – Fall/Winter 2013**

5. Engage Trading Partners
6. Coordinate Certification Planning
7. Perform Testing
8. File for CORE Certification

*We are here*

- Shared project plans & timing
- Signed/submitted CORE III Pledge Addendum

1/1/14
Challenges

• Busy Team, Competing Priorities
  1. Implementing HIPAA Omnibus Privacy & Security changes
  2. Conducting ICD10 testing
  3. Implementing HIX transactions
  4. Preparing for HPID
  5. Serving our customers and running our business!

• Industry “Regulatory Fatigue”
  – Some customers still working on CORE II and not ready to engage on CORE III.
  – Hearing concerns that prior mandates are not being quickly adopted by providers or producing cost reductions.
  – ICD10 is overshadowing everything.
Keys to Success

• **Right partner - Aultcare**
  – Continuation of CORE certification relationship established in Phase I/II

• **Right plan**
  – Started with the certification goal in mind
  – Documented all necessary actions, not just testing

• **Right preparation**
  – Based approach on CORE implementation tools
  – Shared plans with Aultcare and discussed testing approaches frequently
Lessons Learned

• CAQH’s Analysis & Planning Tools are very helpful but are just a starting point.
  – Don’t skip any part of analysis. For example, Stakeholder/Business Type analysis may impact your scope.
  – Must allow time to get questions answered.

• Remediation areas will arise no matter how much you prepare.
  – Rule 350 - *Health Care Claim Payment/Advice (835) Infrastructure Rule* - required some work and testing
  – Translating CORE 270 - *EFT & ERA Reassociation (CCD+/835) Rule* - instructions for 270/271 to the 835 required iterative work.

• Partner coordination and communication is critical.
EFT & ERA Implementation Perspective:

*Mike Olson*, Director of Healthcare Solutions, VP

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Our healthcare team services multiple sectors and has a holistic view of industry needs

- Fifth Third Bank’s investment in the Healthcare industry
  - Acquisitions
  - Expansion and growth
  - Recapitalizations
  - Refinancing and working capital facilities
  - Bridge loans to capital markets transactions
- Proven track record in leading and syndicating loan facilities
- Full suite of Treasury Services
- Revenue Cycle Management Tools

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<td>Medical Devices</td>
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<td>Medical/Surgical Tools &amp; Supplies</td>
<td>Diagnostic Imaging</td>
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<td>Pharmaceutical Manufacturing</td>
<td>Home Health / Hospice</td>
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<td>Staffing/Practice Management</td>
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<td>Pharmacy Benefits Management</td>
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<td>Revenue Cycle Management</td>
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<td>Third Party Administrators</td>
<td>Software and Services</td>
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Recap and Responsibilities

**Administrative Simplification**

Standardize format used by ALL parties to drive efficiency

Consistent delivery of ASC X12 v5010 835 TRN segment from Financial Institution to Providers

Align Financial Institutions with Healthcare Industry for data exchange

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**Health Plan/ODFI**

- Clearly Identify Healthcare EFT’s in CCD+ Entries
  - 5 Record (Company Batch Header)
    - HCCLAIMPMT in Company Entry Description
    - Ensure Company Name is recognizable and present
  - 7 Record (Addenda Record) –
    - ASC X12 Version 5010 835 TRN
    - New data segment terminator (~)

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**RDFI**

- Delivery of Reassociation Trace Number (TRN) to Provider. By request or automated delivery.
  - Provide TRN by the 2nd banking day
  - RDFI must provide option for secure electronic means of delivery (128-bit RC4 encryption standard is minimum)
  - Internal training on changes

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**Provider**

- Request payment via EFT Standard from Health Plan
- Request Options for TRN delivery from your RDFI

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![Diagram of TRN values and data fields]
Fifth Third as the ODFI/RDFI

Health Plan

Fifth Third (ODFI)

Origination
• NACHA File
• EDI 820
• Custom File Format
• Treasury Work Station

Fifth Third (RDFI)

ACH Operator
(Fed/TCH)

CCD+ Validation

Provider

Secure Delivery
• Individual Request
• Intraday/Prior Day
• Custom File
• Online Reporting
• Revenue Cycle tools

CCD+ "HCCLAIMPMT" Logic
• Addenda present
• TRN Validation*

*TRN Validation includes ensuring that TRN is included in addenda and that it meets formatting requirements
### Reporting Example

**Balance Detail Report**

**ABC HOSPITAL**  
12/05/2013 10:55

**Account:** 123456789 : 0999999999 -Checking - HSD Shared Lockbox Report On: Previous Day Data - USD

**Date Range:** Previous Business Day  
**Start Date:** 12/04/2013 00:00  
**End Date:** 12/04/2013 23:59

**Sorted By:** Account Number, Date, Credit/Debit

**Transaction Groups:** All Transactions  
**Transaction Codes:** 142 - ACH Credit Received  
**ZBA Display:** Both Credit and Debit

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**Bank ABA#:** Fifth Third Bank (Western Ohio)  - 042202196

**Account:** 0999999999 -Checking - HSD Shared Lockbox - USD

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| 12/04/2013 | ACH Credit Received| 66666666666666 | 20.00          |              |
|            |                    | Description:   |                |               |              |
|            |                    | ABC HOSPITAL0222222222222222 XYZ INSURANCE TRN*1*222222*1234567890*4444444444 | | | |

| 12/04/2013 | ACH Credit Received| 99999999999999 | 20.76          |              |
|            |                    | Description:   |                |               |              |
|            |                    | ABC HOSPITAL0333333333333333 XYZ INSURANCE TRN*1*333333*1234567890*4444444444 | | | |
Implementation

Health Plan

Be prepared for Provider enrollments
• Review enrollment procedures

New Setups
• Work with your ODFI’s Treasury team to set up the ACH
• Specific Implementation Plan
• Comply with NACHA rules
  • Use HCCLAIMPMT
  • ASC X12 Version 5010 835 TRN
  • Clearly identify company name that is recognizable by the provider
• Test the originations with your ODFI

Existing Enrollments
• Ensure you are using CCD+
• Identify needed changes
• Update files to comply with NACHA rule

Provider

Review posting process
• Examine current processes/procedures
• Make changes as required
• Partner with your RDFI for ideas and options

Enroll with Health Plan
• Request EFT/ERA

Contact RDFI about Reporting Options
• Ask about available delivery options for TRN
• Determine what works best
  • On line access
  • Custom file delivery
  • Etc
Changes and Outreach

- Notification letter sent to originators in early August
- System updates complete prior to 9/20/2013 NACHA deadline
  - System Edits for HCCLAIMPMT
  - EDI Data Segment Terminator
  - Updated reporting
- Targeted file testing with clients
  - Primarily for those customers sending custom origination files
- Internal education of Treasury team on new ACH rules
  - Education across the board for sales teams
  - Directed training for customer service units
- Originator/Receiver education done at relationship level
  - Treasury Officers having individual meetings with clients
  - Customer service trained to provide TRN and direct customers to secure automated delivery
- At a minimum basic account reporting will contain TRN
Fifth Third’s Experience

- Most Health Plans were prepared for change
  - New rules were not a huge change from current procedures
  - One issue on live date resulting from improperly formatted TRN
- Many Providers have already adopted ACH as primary payment method
  - Inquiries about TRN delivery options
    - How can I get the TRN?
    - What options are available?
- Created dialog about electronic payments
  - Specific discussions around virtual card payments from Health Plans
  - What is acceptable electronic payment under new rule
  - Card is an acceptable form of payment, however if the Provider requests the new EFT standard from the Payer (CCD+Addenda), the Health Plan MUST deliver the payment via the new NACHA standard
CAQH CORE EFT & ERA Implementation

Resources and Tools
New EFT & ERA Tools from CAQH CORE
For Providers

Contact Your Health Plans!

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

Contact Your Banks!

• To maximize the benefits available through the CAQH CORE Reassociation Rule, providers must request delivery of the necessary data for EFT and ERA reassociation
• To help facilitate this request, CAQH CORE developed the Sample Provider EFT Reassociation Data Request Letter
• Providers can use this sample letter as template email or talking points with bank contacts to request delivery of the reassociation data
• The tool includes background on the benefits of the letter, key steps for providers, an actual letter template, and glossary of key terms
New CAQH CORE 360 Rule and the Code Combinations Maintenance Process Website

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

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

Please send any additional ideas or needs for this website to CORE@caqh.org
CAQH CORE EFT & ERA Operating Rules: 
Implementation Tools

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

• **Systems Design/Implementation**
  - **Education Sessions**: CAQH CORE holds frequent sessions with partners such as WEDI, associations, and Medicaid workgroups that often include speakers from organizations that have implemented the CAQH CORE Operating Rules
  - **FAQs**: CAQH CORE has a list of FAQs to address typical questions regarding the operating rules; *new EFT & ERA FAQs are being posted regularly*
  - **Request Process**: Contact technical experts as needed at CORE@caqh.org
  - Provider EFT/ERA **Sample EFT Request** and **Sample Reassociation Data Request** Letters: Sample letters providers can use to help facilitate the request to receive EFT from their health plans and the request for delivery of the necessary reassociation data elements from their financial institutions

• **Deployment/Maintenance**
  - **Voluntary CORE Certification**: Test Site for conformance testing of the EFT & ERA Operating Rules are now available; jointly offered by CAQH CORE-authorized testing entity Edifecs
  - **CAQH CORE 360 Rule and Code Combination Maintenance Website**: A free and accessible “one stop shop” webpage to provide resources and tools to implementers of the CAQH CORE 360 Rule
Q&A

Please submit your question:

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

Appendices: Implementation Tools and References
Implementation Steps for HIPAA Covered Entities: Where Are You?

FAQs:
New EFT & ERA FAQs are being posted regularly

- **Analysis and planning** (budgeted, resources assigned, impact analysis)
- **Systems design** (software or hardware upgrades identified, coordinating with vendors)
- **Systems implementation** (software/hardware and vendor services upgrades fully implemented)
- **Integration & testing** (internal and trading partners testing)
- **Deployment/maintenance** (full production use with one or more trading partners)

**Free CAQH CORE Analysis and Planning Guide**

**Voluntary CORE Certification Test Site** for conformance testing of the EFT & ERA Operating Rules; jointly offered by CAQH CORE-authorized testing entity Edifecs
Available CMS OESS Implementation Tools: Examples

- **HIPAA Covered Entity Charts**
  - Use the HIPAA Covered Entity Charts to determine whether your organization is a HIPAA covered entity

- **CMS FAQs**
  - Frequently asked questions about the ACA, operating rules, and other topics

- **Affordable Care Act Updates**
  - Updates on operating rules; compliance, certification, and penalties; and engagement with standards and operating rules

- **Additional Questions**
  - Questions regarding HIPAA and ACA compliance can be addressed to:
    - Geanelle Herring, Health Insurance Specialist, Geanelle.Herring@cms.hhs.gov
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/nacha-estore-healthcare-payments
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

• **Revised 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.

• **Ongoing Education and Webinars**
  – Check the Healthcare Payments Resource Website for “Events and Education”