



CAQH CORE & Edifecs

Advantages of EFT & ERA Operating Rule Implementation and *Voluntary* CORE Certification: *athenahealth* – A Provider-facing Vendor Perspective



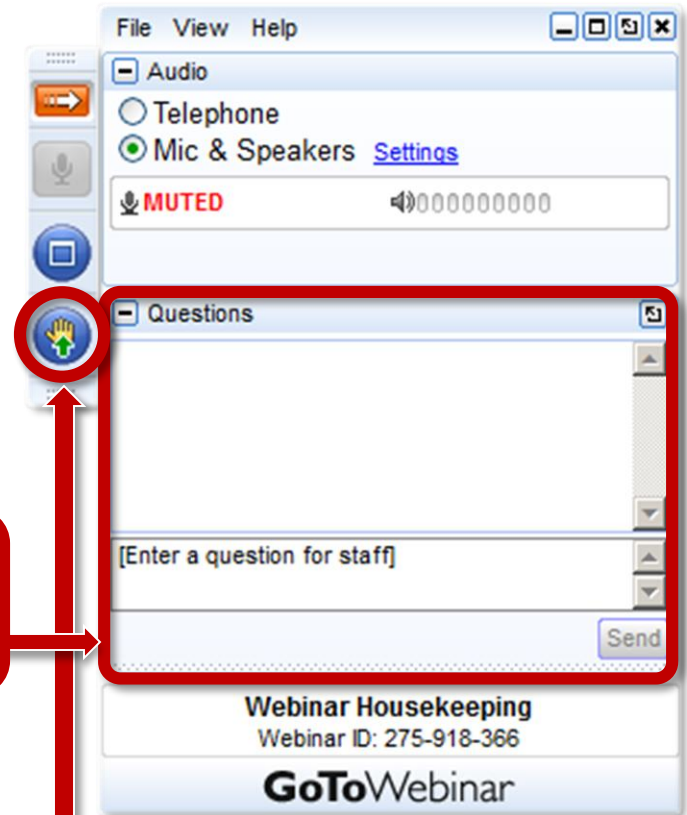
June 10, 2014
2:00 pm – 3:30 pm ET

Additional information/resources available at www.caqh.org

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

Participating in Today's Session

- Download a copy of today's presentation on the [CAQH.org website](http://CAQH.org)
 - Navigate to the CORE Education Events page and access a pdf version of today's presentation under the list for today's event
- The phones will be muted upon entry and during the presentation portion of the session
- At any time throughout the session, you may communicate a question via the web
 - Submit your questions on-line **at any time** by entering them into the **Q&A panel on the right-hand side of the GoToWebinar desktop**
 - On-line questions will be addressed first
- There will be an opportunity today to submit questions using the telephone
 - **When directed by the moderator, press the "raise hand" button to join the queue for audio questions**



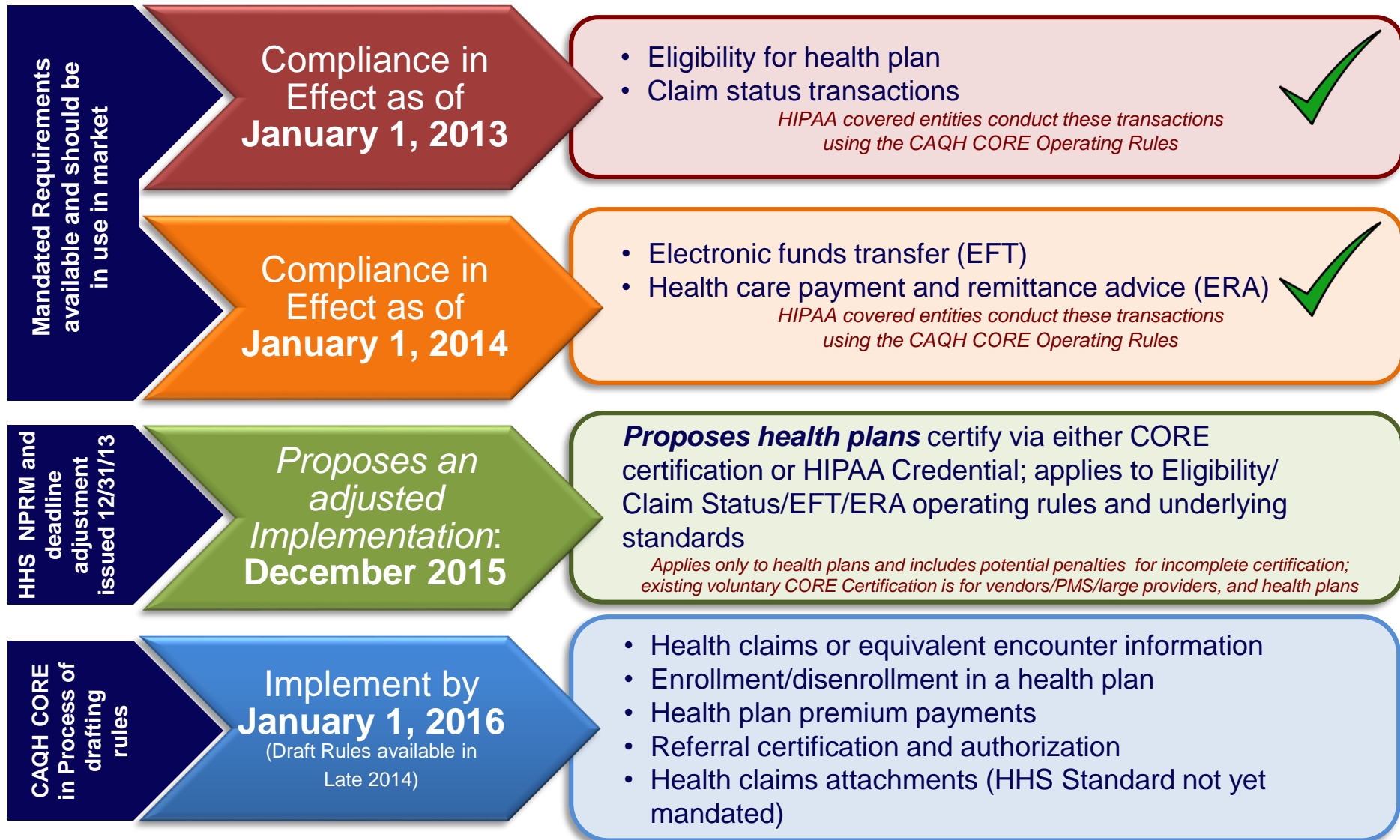
Session Topics

- Welcome Introduction
- ACA Mandate and HHS Health Plan Certification NPRM
- *Voluntary CORE Certification: a step-by-step process*
 - Provider and Vendor Considerations
- athenaCollector and Phase III CORE Certification
 - **Neil Dean, *athenahealth***
- *Voluntary CORE Certification Testing*
- Introduction to Edifecs, CORE Authorized Testing Vendor
- Q&A

ACA Mandate and HHS Health Plan Certification

Scope and Updates

Scope: ACA Mandated Operating Rules and Certification Compliance Dates



Who Must Comply with Standards and Operating Rules? *Required of All HIPAA Covered Entities*¹

- ACA Section 1104 mandates that all HIPAA covered entities comply with *healthcare operating rules*; additional guidance on HIPAA covered entity designations may be found [HERE](#)
- HIPAA Administrative Simplification standards, requirements and implementation specifications apply to²:
 - Healthcare Providers: *Any person or organization who furnishes, bills, or is paid for healthcare in the normal course of business*³
 - Covered **ONLY** if they transmit protected health information electronically (directly or through a business associate) in connection with a transaction covered by the HIPAA Transaction Rule²
 - Examples include but are not limited to: Doctors, Clinics, Psychologists, Dentists, Chiropractors, Nursing Homes, and Pharmacies
 - Health Plans (*including Self-insured and Group Health Plans, Long-term Care, Medicare, Medicaid, etc.*)
 - Healthcare Clearinghouses

¹ [Understanding HIPAA Privacy: For Covered Entities and Business Associates](#)

² [HIPAA Administrative Simplification](#): 45 CFR §§ 160.102, 164.500

³ [HIPAA Administrative Simplification](#): 45 CFR § 160.103

HHS NPRM on Health Plan Certification

Background

- **ACA Administrative Simplification: Certification of Compliance for Health Plans**
 - Mandated under the Affordable Care Act (ACA), Section 1104
 - Required health plan certification on first two sets of standards and operating rules
 - First Federal regulation on certification of entities that conduct administrative transactions; NPRM indicates that program will evolve over time
 - Penalty-driven using snapshot of time
- **Notice of Proposed Rule Making (NPRM)** published in [Federal Register](#), December 31, 2013. Comment period ended April 3, 2014 (see comments: www.regulations.gov)
 - Proposed requirement of health plan certification, and reporting number of covered lives, required by December 31, 2015
- **NPRM Proposed Certification Options**
 - 1. **CAQH CORE Certification Seal** for Phase III (includes Seals for Phase I and II and testing with independent testing entity) – Existing Process
 - or*
 - 2. **HIPAA Credential:** Requirements outlined by the NPRM include attestation-based documents

Today's
Focus

NPRM Certification of Compliance for Health Plans

Draft HIPAA Credential Forms

- Samples of the three key HIPAA Credential forms* were developed by CAQH CORE for comment and are publicly available on the [CAQH website](#)
- Public feedback period:
 - CAQH CORE sought feedback from the industry in order to revise the three Draft HIPAA Credential Forms prior to publication of the Final Rule to help prepare for the proposed HIPAA Credential, and inform HHS in development of the Final Rule
 - Industry input was gathered during a **one-month public comment period** which ended on **June 3rd**
- Industry response:
 - Input was collected from a total of **27 different entities** (both CORE and non-CORE Participants) – Overwhelming majority of respondents were Health Plans
 - Received over **200 comments**, many of which were similar in topic and theme
 - Some of these comments were out of scope for the input requested (e.g. comments on the structure of the proposed HIPAA Credential program rather than the forms themselves)
- The CAQH CORE Certification & Testing Subgroup is currently reviewing this feedback and will provide recommendations for adjustments to the Draft HIPAA Credential Forms prior to the publication of the HHS Final Rule

*For more information on the Draft HIPAA Credential Forms and how the feedback period was conducted, please visit the discussion slides on our website [HERE](#)

Relationship between Ongoing HIPAA Enforcement and HHS Health Plan Certification

The complaint-driven HIPAA Enforcement Process is an established and existing program that will be maintained *in addition to* the HHS Health Plan Certification program; the two programs are complementary

	Complaint-Driven HIPAA Enforcement Process	Proposed HHS Health Plan Certification of Compliance
Applicable Entities	All HIPAA covered entities	Health plans
Action Required	Implement CAQH CORE Eligibility & Claim Status and EFT & ERA Operating Rules, and applicable Standards	File statement with HHS that demonstrates health plan has obtained a CAQH CORE Certification Seal for Phase III or HIPAA Credential and thus are in compliance with the standards and operating rules
Compliance Date	<i>First Set – January 1, 2013</i> <i>Second Set – January 1, 2014</i>	December 31, 2015 (proposed)
Applicable Penalties	Due to HITECH, penalties for HIPAA non-compliance have increased, now up to \$1.5 million per entity per year	Fee amount equals \$1 per covered life until certification is complete ; penalties cannot exceed \$20 per covered life or \$40 per covered life (for deliberate misrepresentation) on an annual basis
Verification of Compliance	Ongoing complaint-driven process to monitor compliance prompted by anyone filing a complaint via CMS's Administrative Simplification Enforcement Tool (ASET) for non-compliance with the standards and/or operating rules	"Snapshot" of health plan compliance based on when the health plan obtains CORE Certification/HIPAA Credential and files statement with HHS

Example of complementary nature of HIPAA Enforcement Process and Proposed HHS Health Plan Certification:

An entity could file a complaint for non-compliance against an HHS-certified Health Plan using the HIPAA Enforcement Process if they believe the Health Plan has fallen out of compliance since their certification (e.g. A certified Health Plan acquires another non-compliant Health Plan).

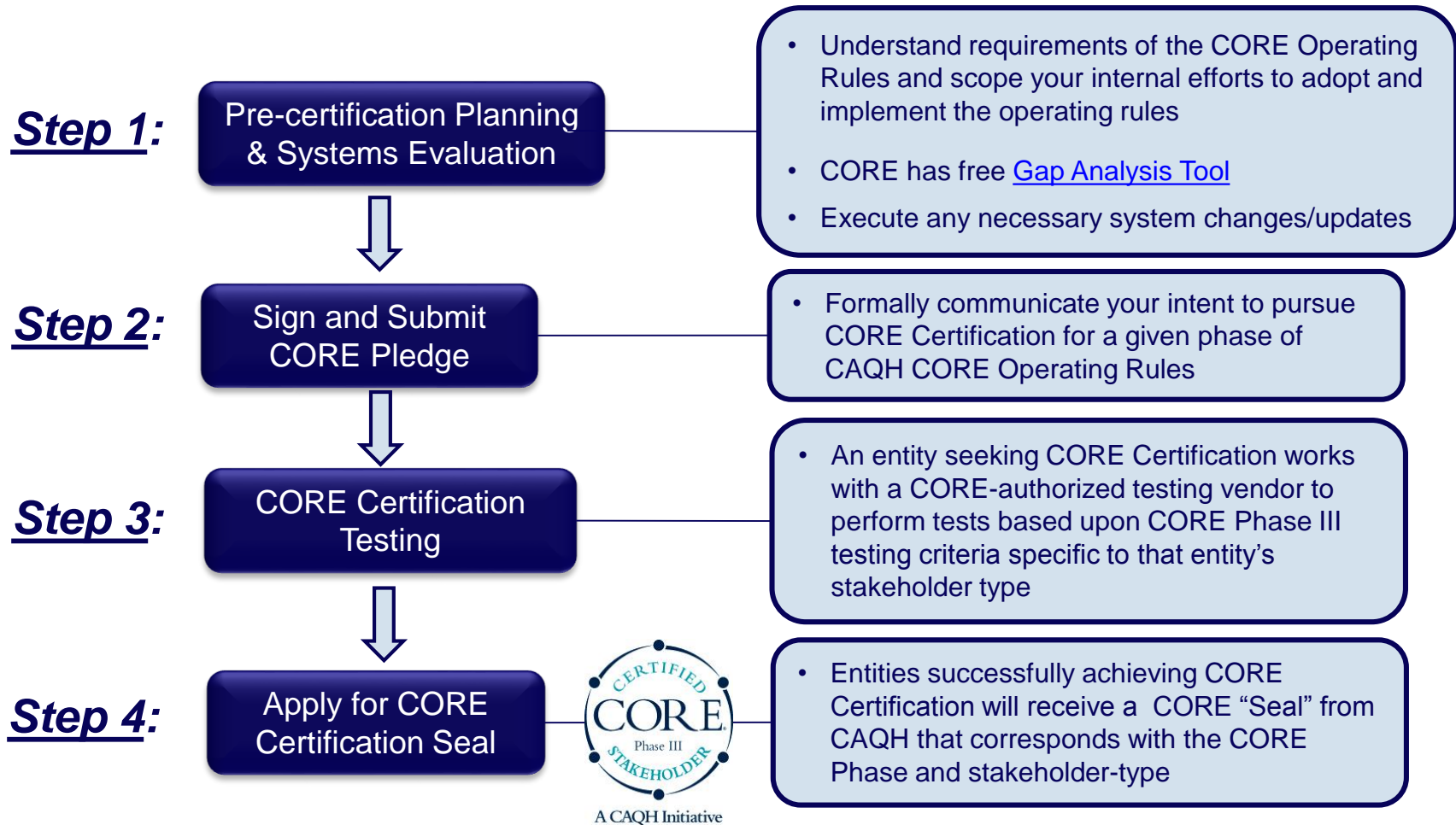
Voluntary CORE Certification
a Step-by-Step Process



About *Voluntary* CORE Certification

- Since its inception, CAQH CORE has offered a *voluntary* CORE Certification to health plans, vendors, clearinghouses, and providers
 - *Voluntary* CORE Certification provides verification that your IT system or product operates in accordance with the federally mandated Operating Rules
 - CORE Certification is stakeholder-specific
 - Each entity completes testing specific to their stakeholder type in order to become CORE Certified
 - **137** CORE Certifications have been achieved with 31 Certifications currently pending. Access a list of these organizations [HERE](#)
- CAQH CORE Certification is available for the following transactions
 - Eligibility and Claim Status (Phase I and Phase II)
 - EFT and ERA (Phase III)
- Key Benefits
 - Provides all organizations across the trading partner network useful, accessible and relevant guidance in meeting obligations under the CAQH CORE Operating Rules
 - Encourages trading partners to work together on data flow and content needs
 - Offers vendors practical means for informing potential and current clients on which of their products – **by versions** - follow Operating Rules, including Practice Management Systems
 - Achieves maximum ROI because all entities in data exchange follow the Operating Rules; once CORE-certified need to follow Operating Rules with all trading partners
 - Means for voluntary enforcement dialog and steps

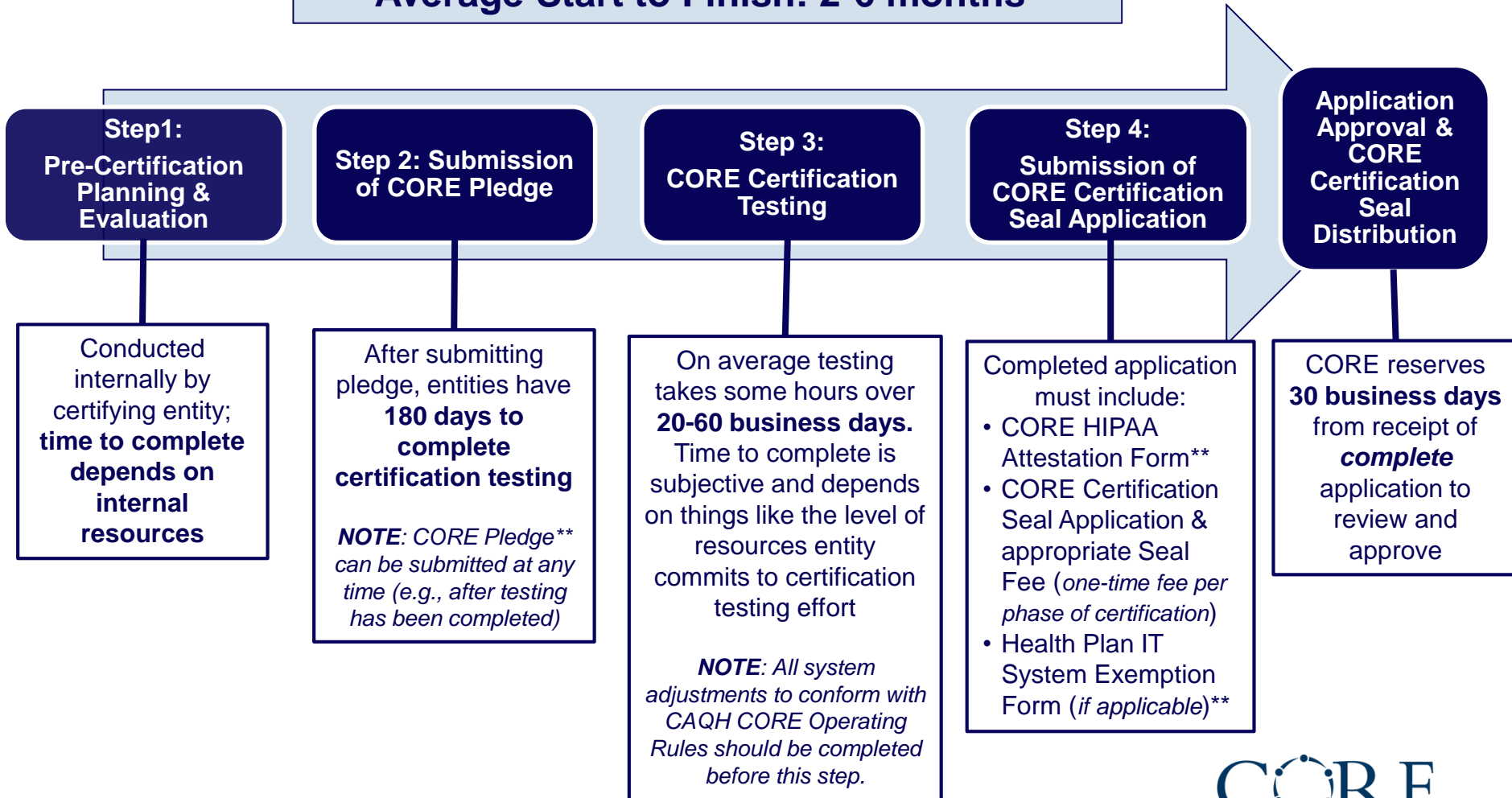
Voluntary CORE Certification: A Step-by-Step Process



NOTE: If the entity seeking CORE Certification outsources any portion of the applicable transactions to a trading partner, then that trading partner must become CORE Certified for that transaction in order for the seeking entity to complete the CORE Certification process

Voluntary CORE Certification Completion Timeline

Average Start to Finish: 2-6 months*



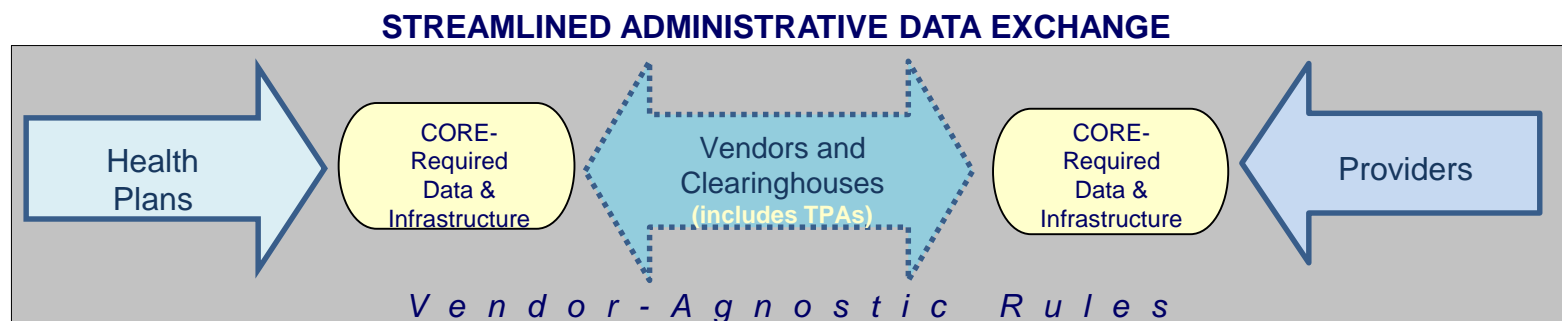
*Timeframe varies by stakeholder type and by individual organization.

**Must be signed by an authorized executive.

*Voluntary CORE Certification
Provider and Vendor Testing Considerations*

Importance of Trading Partner Relationships

Roles in Operating Rule Implementation



- Providers work with other **HIPAA covered entities** including clearinghouses, Practice Management System (PMS) vendors and health plans to exchange transaction data in a variety of ways
- **Non-HIPAA-covered entities** (e.g., PMS vendors) play a crucial role in enabling their Provider clients to realize the benefits of CAQH CORE Operating Rules; these entities often act as Business Associates on behalf of a Provider or other HIPAA covered entity
 - Providers rely on their vendors/PMS vendors to achieve their administrative cost saving goals and achieve end-to-end interoperability
 - Providers can also leverage the services of their Financial Institution to facilitate adoption of ACA-mandated operating rules
- **Trading Partners and Voluntary CORE Certification**
 - Depending on the services delivered by a vendor, they may need to achieve CORE Certification as a part of their clients' overall CORE Certification process
 - Identifying whether this applies to your trading partner relationship is key

Polling Question #1:

CORE Certification & Trading Partner Coordination

For which of the following transactions do you outsource responsibilities and, therefore, have needed (if already CORE Certified) or expect the need to coordinate with your vendor(s) as a necessary part of completing the Voluntary CORE Certification Process (check all that apply)?

1. Eligibility transaction
2. Claim Status transaction
3. Electronic Funds Transfer (EFT) transaction
4. Electronic Remittance Advice (ERA) transaction
5. Not Sure

Voluntary CORE Certification

Identifying Trading Partner Responsibility

CAQH CORE
[Analysis and Planning
Guide](#)

Health Plan or
Healthcare Provider

Do you outsource the processing of any of the four HIPAA-mandated transactions to a vendor or vendors?

Yes

No

We only outsource some aspects of the four transactions

We outsource processing of **all four of the transactions**

We process all aspects of these transactions in-house

Will your vendor(s) need to be certified as part of your CORE Certification?

Yes

No

Your vendor(s) will need to have their product (by version) CORE Certified for the applicable transactions and Phases

Your certification will not be reliant upon the certification of an outside vendor

Phase III *Voluntary* CORE Certification

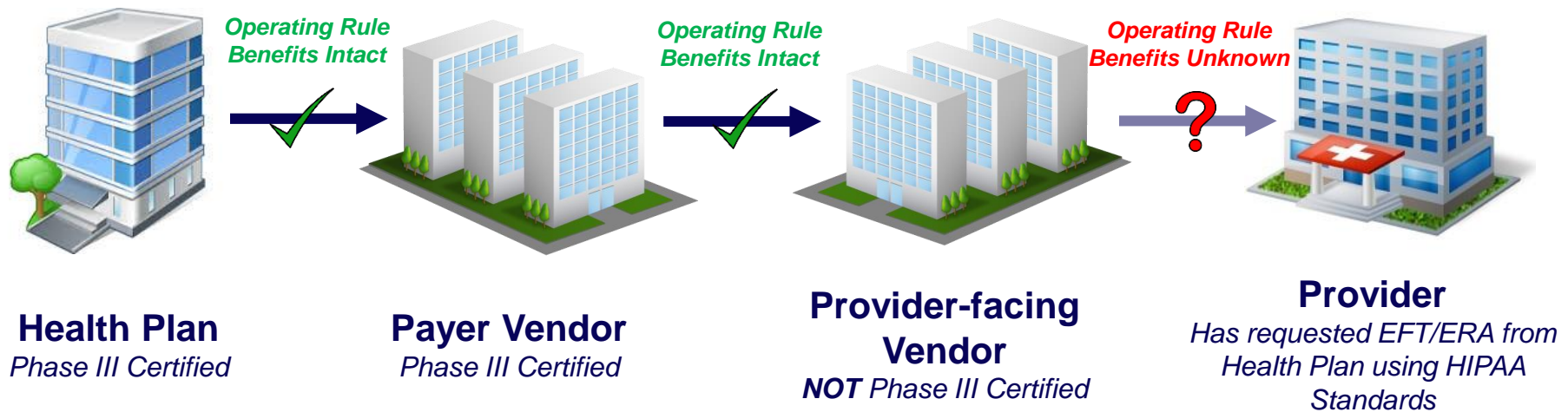
Considerations for Providers and their Vendors

- Although most CAQH CORE Operating Rule requirements apply to health plans, providers and their vendors play an equally important role
 - ***Without hospitals and independent provider practices determining how to gain benefit, benefit will not accrue***
- Providers exploring the option of *Voluntary* CORE Certification for the Phase III EFT & ERA Operating Rules first need to:
 - Identify whether or not they conduct the electronic transactions for which the CAQH CORE EFT & ERA Operating Rules are mandated (CCD+/835)
 - If your Provider organization does conduct these transactions then you need to determine what systems, processes and vendors are affected
 - Providers' certification often relies on their vendor becoming certified
- Vendors are key in ensuring a Provider is benefiting from this ACA-mandate
 - Vendor's role in CORE Certification and the underlying transmission of the HIPAA compliant EFT Standard (CCD+) or ERA Standard (835) can't be understated
 - If a Vendor isn't compliant, then there is a break in the transaction flow and the benefits of the Standards and Operating Rules won't be realized by the Provider

Phase III *Voluntary* CORE Certification

Importance of Vendor Certification Example

Flow of ERA Standard (835) from Health Plan to Provider



- In the above scenario, the HIPAA Standard and Operating Rule benefits are being transmitted in compliance with the ACA mandate from the Health Plan to their vendor and then to the provider-facing vendor
 - This is apparent because both the Health Plan and their vendor have achieved Phase III CORE Certification which tests for compliance with the ERA Standard and all applicable Operating Rules
- The provider-facing vendor is not CORE Certified and, therefore, the Provider has no assurance that they are receiving the full benefits of the applicable CAQH CORE Operating Rules

If not already, Providers should encourage your vendors to become voluntarily CORE-Certified to test conformance

Phase III *Voluntary* CORE Certification

Testing Considerations Providers and Vendors

- Providers working with a Vendor
 - Dependent upon the scenario between the provider and vendor, the provider may not have to undergo certification testing for some of the rules
 - Instead, the vendor will have to achieve CORE Certification for their provider-facing product (by version) in order for the provider to become Certified
- Vendors
 - The CORE Certification process for vendors is unique and unlike the process for Provider and/or Health Plan CORE Certification (**more info on next slide**)
 - Vendor stakeholders must certify each specific product and product version separately
 - When beginning CORE Certification process you will be given the option to indicate if the product you are certifying is a Provider/Vendor product or a Health Plan/Vendor product
 - **Provider/Vendor Product**– Must complete all Test Scripts that apply to Providers
 - **Health Plan/Vendor Product** – Must complete all Test Scripts that apply to Health Plans



athenaCollector®
Phase III CORE Certified Product

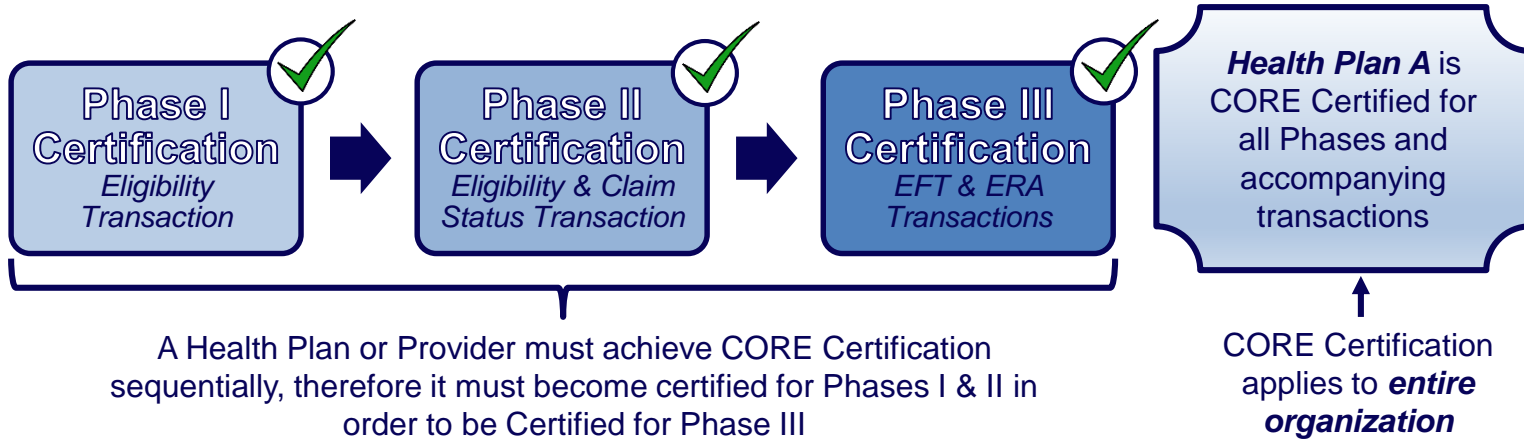
Phase III *Voluntary* CORE Certification Testing

Unique Vendor Certification Process

Achieving Phase III CORE Certification *Health Plan vs. Vendor*



Health Plan A



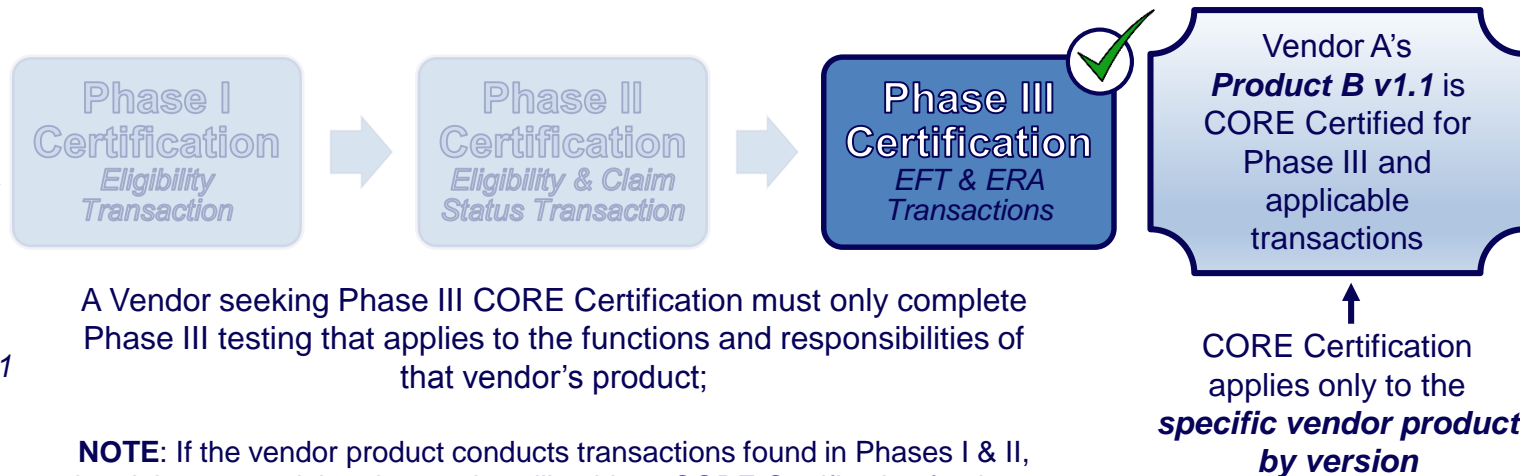
A Health Plan or Provider must achieve CORE Certification sequentially, therefore it must become certified for Phases I & II in order to be Certified for Phase III

CORE Certification applies to **entire organization**



Vendor A

EFT/ERA Product B v1.1



A Vendor seeking Phase III CORE Certification must only complete Phase III testing that applies to the functions and responsibilities of that vendor's product;

CORE Certification applies only to the **specific vendor product by version**

NOTE: If the vendor product conducts transactions found in Phases I & II, then it is expected that the vendor will achieve CORE Certification for those phases as well

athenaCollector® and CORE Phase III

06/10/2014



Neil Dean
Product Innovation




- ▶ athenahealth, Inc. and our *CORE-certified* athenaCollector®

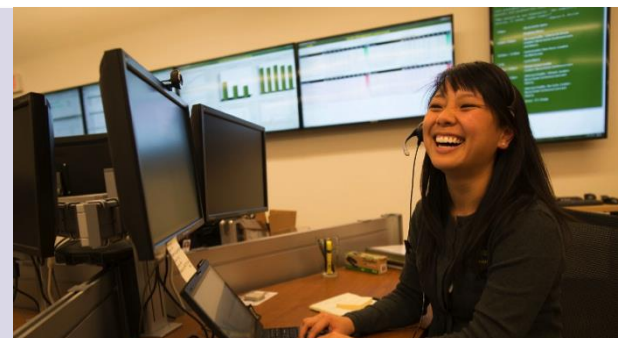
- ▶ athenaCollector® and ERA/ EFT

- ▶ CORE Phase III Prep and Planning

- ▶ Testing Experience

- ▶ Anticipated Impact and Benefits

- 52,000+ providers on athenaNet®
- Clients ranging from 1 to 5,000+ providers
- 50 states and 92 medical specialties
- \$9 billion in client collections per year
- CORE Phases I, II & III Certified products
-  Acquired Epocrates March, 2013



2013 Best in KLAS



#1

Overall Software Vendor

#1

Overall Physician Practice Vendor

#1

Patient Portal

#1

Practice Management System
(1-10, 11-75 physicians)

#2

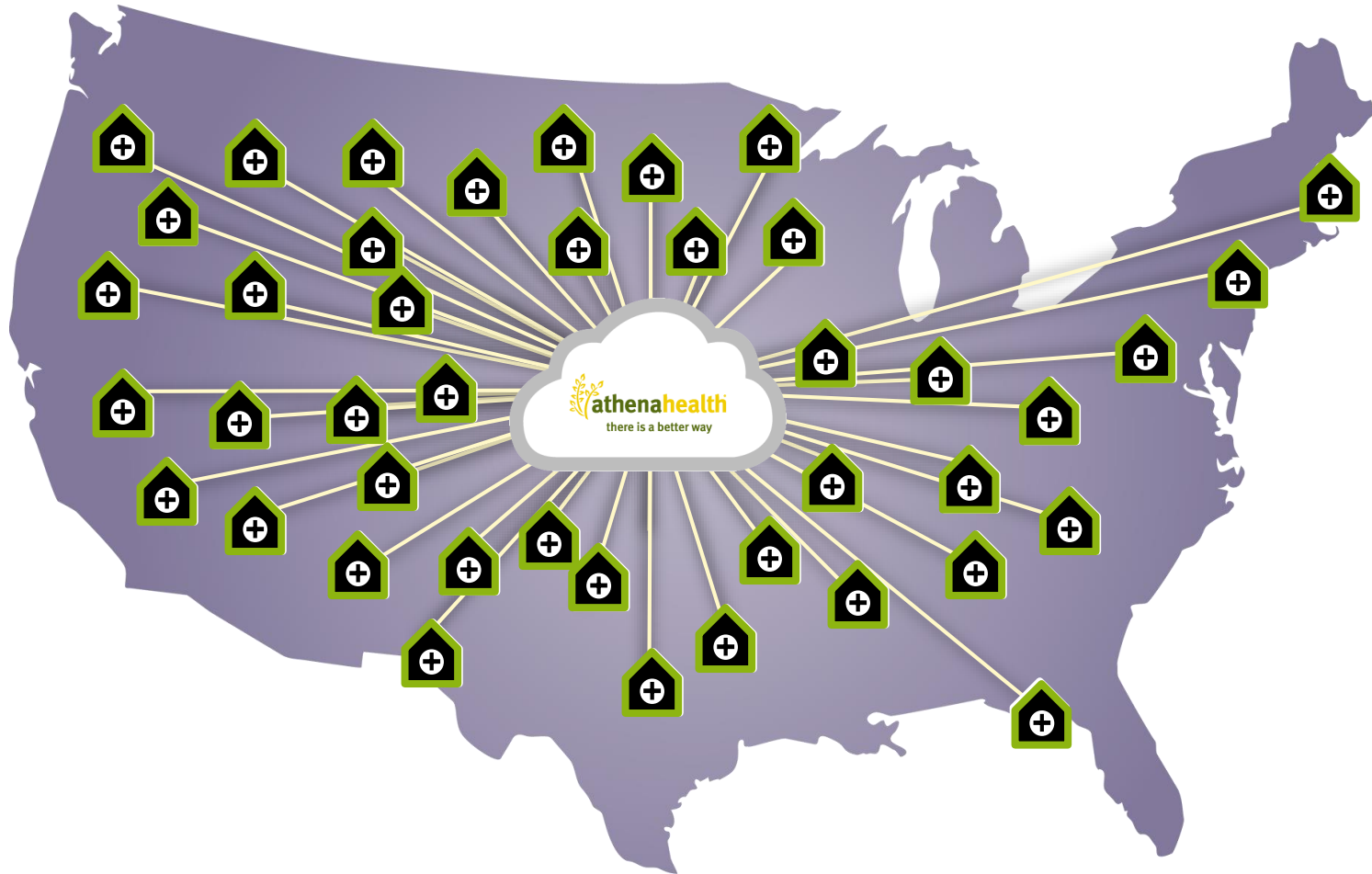
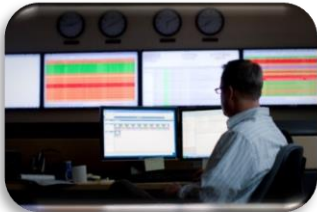
EHR
(1-10, 11-75 physicians)

We view software as a technology enabler, not the product itself

athenaCollector®

Software

- EMR
- PMIS
- Pt Com
- BI
- Referral Mgmnt



SOFTWARE

KNOWLEDGE

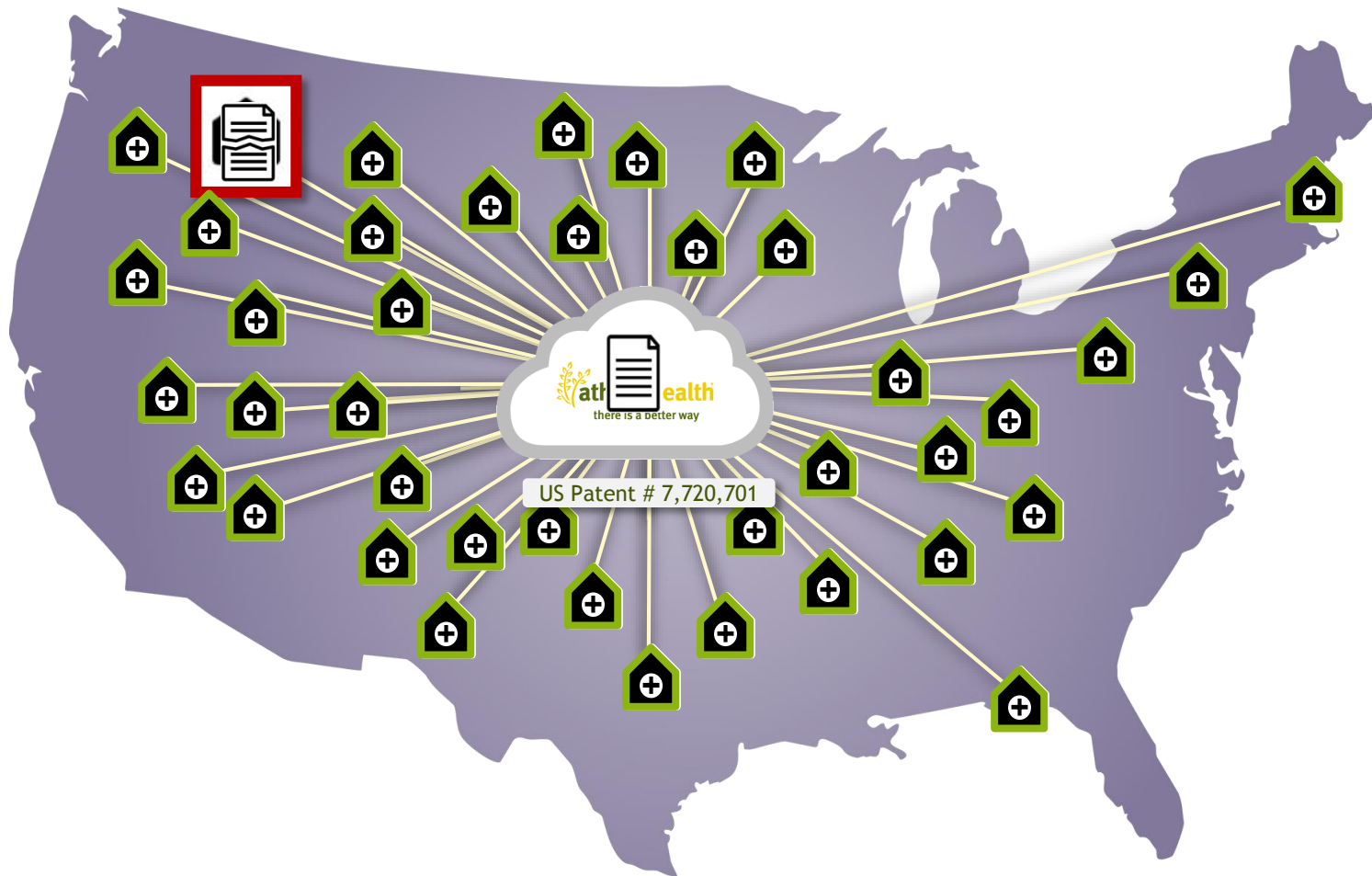
SERVICES

We Deliver Constantly Updated Knowledge into a Practice's Workflow

athenaCollector®

Knowledge

- MU
- P4P
- ICD 10
- CPT
- Formulary
- D2D
- Care Reminders
- Local Rules



SOFTWARE

KNOWLEDGE

SERVICES

▶ **May Rate of ERA:**

Remittance Format	Claims Remitted	% of Rate
ERA	11,831,623	79.5
Paper EOB	3,055,393	20.5
TOTAL	14,887,016	100

▶ **May Rate of EFT:**

Remittance Format	Payments	% of Rate
EFT	556,993	68.4
CHECK	257,109	31.6
TOTAL	814,102	100

**Rate is #ERA or EFT over total claim or payments, respectively.*

- ❑ athena has worked for 15 years to master the problem spaces addressed by the CORE Phase III Rules. Consequently, we had detective and preventative functionality and workflows in place.

- ▶ Are internal CARC and RARC interpretations affected by newly-adopted standardization?
 - *Although CORE Code Combinations are only updated 3 times per year, athenaCollector has a weekly “new” CARC/ RARC workflow to ensure codes are reviewed*

- ▶ Will current rules addressing non-standard ERA need to be retired or modified?
 - *Success of automatic posting is reviewed on a monthly basis*

- ▶ Plan for newly available EFT enrollment for historically non-EFT payers?
 - *Already advocating to list of top-volume payers (Mutual of Omaha, Tufts)*

- ▶ Modify existing internal ERA and EFT association workflows to reflect CORE and NACHA compliance enforcement?
 - *Had several points of escalation in place to address missing or late ERA/ EFT*

- ❑ Having previously completed CORE Certification for Phase I and II, our testing for Phase III as a Provider Vendor encompassed:
 - ▶ Rule 360 (CARCs and RARCs)
 - Extract and make available to the end-user appropriate text accurately describing the business scenario and meaning of the code combinations.
 - *Business explanations of combinations were already displayed on claim the UI. No system change was necessary.*
 - ▶ Rule 350 (835 Infrastructure)
 - Submit Generic Batch Retrieval Request and validate payload receipt confirmation using two types of authentication. Use 999 transaction for this test.
 - *We did not widely utilize the 999 in response to ERA transactions, but we did have it in place for a handful of payers.*
- ❖ *Phase III certification project required:
 - Coordination between athena's ERA , EDI, and Enrollment teams.
 - Designation of one business lead and one software developer for project execution

- ❑ Although, as a vendor we were not required to test for the Phase III rules that didn't apply directly to our product, we similarly reviewed and assessed their impact to athena and our clients:
 - ▶ Rule 370 (ERA & EFT Reassociation)
 - *We determined that the Reassociation Trace Number would allow for more straightforward ERA to EFT association. Complex matching functionality will be less necessary.*
 - ▶ Rules 380 & 382 (EFT and ERA Enrollment Data Rules)
 - *Given the volume of providers we enroll and the scope of payers we work with, a maximum required, standardized set of data elements increases the efficiency and accuracy of our ERA and EFT enrollment processes.*
- ❖ A key part of planning was reaching out to our business associates (providers) and letting them know of our anticipated CORE Phase III compliancy and certification.

- ❑ Testing with Edifecs followed athena's system and CORE Phase III rule review.
- ▶ Most test's specifications were clear, and successful testing followed:
 - *4/5 of the core Vendor-type Tests were completed with ease*
- ▶ We experienced difficulty with one test:
 - *#4 Submit Generic Batch Retrieval Request and validate payload receipt confirmation using X509 Certificate (Rule 350,1)*
 - *Most of the connections we utilize for ERA are batch connections like SFTP or encrypted FTP, so the most challenging part of the test was building the MIME/Multipart connection to Edifecs.*
- ▶ Consistent Edifecs support was key to troubleshooting our final test.
 - *athena received email and phone support from Edifecs development and business resources which allowed us to successfully troubleshoot our connectivity challenge.*

As more entities become CORE Phase III compliant, we anticipate:

- ▶ **Decreased need for matching functionality with standard EFT information (TRN3)**
- ▶ **Decreased need for interpretive functionality with standard CARC/ RARC combinations.**
- ▶ **Greater accountability from payers with ERA & EFT elapsed time tracking and audit requirements.**
- ▶ **Wider EFT enrollment availability**

- ▶ **We mitigated compliance risks through a thorough review of our systems.**
- ▶ **We found our systems to be in line with CORE Rules with minimal changes necessary to complete Edifecs testing.**
- ▶ **Advanced planning and support from Edifecs' allowed for a relatively smooth execution of testing**
- ▶ **We hope to see positive changes both internally and for the industry at large as a result of CAQH's efforts**

▶ Visit us at www.athenahealth.com

▶ Or call 800.981.5084

▶ Visit us at www.athenahealth.com

▶ Or call 800.981.5084

Voluntary CORE Certification
Testing and the Master Test Suite

Voluntary CORE Certification Testing

Step 3:

CORE Certification Testing

- An entity seeking CORE Certification works with a CORE-authorized testing vendor to perform tests based upon CORE Phase III testing criteria specific to that entity's stakeholder type

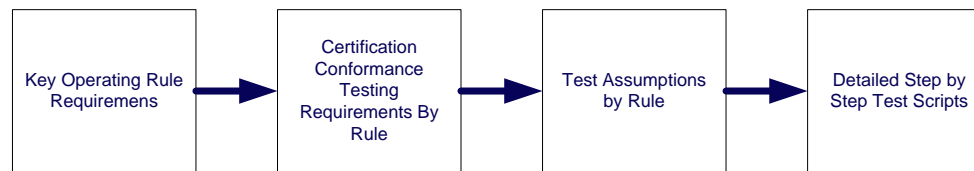
Activities	Key Points
a) Pre-Testing	<ul style="list-style-type: none"> • Review Testing Policy and Master Test Suite • Assume all affected internal systems are upgraded as previously defined in Step 1 • Complete your internal testing of CORE-ready systems <p>Note: This step may be performed prior to submitting CORE Pledge</p>
b) Testing	<ul style="list-style-type: none"> • Register and schedule your testing with a CAQH CORE-authorized testing vendor • CORE Certification testing is conformance-based and, as such, is not exhaustive • The CAQH CORE Test Suite must be used by all stakeholders in order to maintain standard and consistent test results • Testing must be successfully completed within 180-days of pledge
c) Post-Testing	Remediate all systems/software issues identified by testing process and, if necessary, repeat CORE Certification Testing

Phase III CORE EFT & ERA Operating Rules

Voluntary Certification: About the Master Test Suite

- CORE EFT & ERA Operating Rules Master Test Suite
 - Contains requirements to achieve *voluntary* CORE Certification
 - Must be used by all stakeholders undergoing the *voluntary* CORE Certification process
 - Provides guidance to help stakeholders better understand which EFT and ERA Operating Rules apply to various stakeholders
 - CORE Guiding principles apply to the entire set of rules
 - The Master Test Suite includes scenario-based testing and expected outcomes
 - CORE Certification Testing is not exhaustive and does not use production-level testing (CORE participants determining how to do such in future rules)

Structure of Test Scenarios for All Rules



4	Phase III CORE 370 EFT & ERA Reassociation (CCD+/835) Rule Version 3.0.0 Test Scenario	14
4.1	<i>Key Rule Requirements.....</i>	<i>14</i>
4.2	<i>Conformance Testing Requirements.....</i>	<i>15</i>
4.3	<i>Test Scripts Assumptions</i>	<i>15</i>
4.4	<i>Detailed Step-By-Step Test Scripts.....</i>	<i>16</i>

See [Phase III CORE EFT & ERA Operating Rules Voluntary CORE Certification Master Test Suite](#) :
Each rule requirement is provided in a numbered list.

Operating Rule Conformance Testing: *Test Scripts*

CORE Certification Testing is comprised of stakeholder-specific test scripts for each CAQH CORE Operating Rule

Conformance Test Requirement Types	
Type	Description
System Transaction	Conduct the actual transaction for which you are testing with the CORE-certified testing vendor
Upload	Upload specified document to the testing site as proof of compliance
Attestation	Along with other specified documentation, an entity must sign an attestation signifying their current or planned compliance

Mandated CAQH CORE EFT and ERA Operating Rules: *At a Glance*

Rule Types	Rule References	Rule Areas
Data Content	Uniform Use of CARCs and RARCs (835) Rule Rule 360	Minimum set of four Business Scenarios
		Maximum set of CARC and RARC code combinations
		Maintenance process to review and update code combinations
Infrastructure	EFT & ERA Reassociation (CCD+/835) Rule Rule 370	Required Minimum set of CCD+ Data Elements
		Elapsed Time Requirement for Receipt of CCD+ and 835
		Procedures for Resolving Late/Missing EFTs/ERAs
	EFT & ERA Enrollment Data Rules Rule 380 & Rule 382	Requirement to offer Electronic EFT/ERA Enrollment
		Maximum set of Standard Enrollment Data elements
		Flow and Format for Collection of Enrollment Data Elements
	Health Care Claim Payment/Advice (835) Infrastructure Rule Rule 350	Support Connectivity Requirements
		Dual Delivery of Paper and Electronic ERA
		Flow and Format of Companion Guides

CAQH CORE EFT & ERA Operating Rules:

ERA Infrastructure Rule - Connectivity

Rule Types	Rule References	Rule Areas
Infrastructure	Health Care Claim Payment/Advice (835) Infrastructure Rule Rule 350	Support Connectivity Requirements
		Dual Delivery of Paper and Electronic ERA
		Flow and Format of Companion Guides

Entities must be able to support the Connectivity Rule Version 2.2.0 for transmission of the v5010 835; they must follow:

- Real-time and/or batch request submission and response pickup guidelines
- Security and authentication requirements
- Response message options and error notification
- Response time, time out parameters and re-transmission guidelines
- Prescriptive submitter authentication, envelope specifications, etc.
- Payload-agnostic, can use to send any type of data

For more detail, see CORE Rules [153](#), [250](#), [270](#) and [350](#)

*Specifically designed to align with key Federal efforts, e.g., NHIN.

CAQH CORE 350 Rule Test Script: System Transaction Type – Connectivity Conformance

Test #	Criteria	Expected Result	Actual Result	Pass/Fail		Stakeholder ³					
						Provider	Health Plan	Clearinghouse	Vendor	N/A ⁴	
		System Transaction									
2.	A 999 is accepted and processed for each Functional Group of v5010 835 transactions received (Key Rule Requirements #1 and #4)	An ASC X12 Interchange containing a Functional Group of an 835 is accepted		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

See [Phase III CORE Certification Test Suite](#). Each Rule requirement is provided in a numbered list.

- 2 **Phase III CORE 350 Health Care Claim Payment/Advice (835) Infrastructure Rule Version 3.0.0 Test Scenario ...**
- 2.1 *Key Rule Requirements.....*
- 2.2 *Conformance Testing Requirements.....*
- 2.3 *Test Scripts Assumptions.....*
- 2.4 *Detailed Step-By-Step Test Scripts.....*



CAQH CORE EFT & ERA Operating Rules:

Uniform Use of CARCs and RARCs Rule

Rule Types	Rule References	Rule Areas
Data Content	<i>Uniform Use of CARCs and RARCs (835) Rule</i> Rule 360	Minimum set of four Business Scenarios
		Maximum set of CARC and RARC code combinations
		Maintenance process to review and update code combinations

- Identifies minimum set of four CORE-defined Business Scenarios with maximum set of code combinations to convey claim denial/adjustment details that must be adopted and applied where appropriate (codes in separate document that must be applied):
- Establishes maintenance process to review and update CORE-required Code Combinations
- Enables health plans and PBM agents to:
 - Use new/adjusted codes per the published code list updates with the CORE-defined Business Scenarios prior to CAQH CORE Compliance-based Review of those published updates
 - Develop additional, non-conflicting business scenarios when CORE-defined Business Scenario do not meet business needs
- Identifies applicable CORE-defined Business Scenarios for retail pharmacy

For more detail, see CORE Rule [360](#)

CAQH CORE EFT & ERA Operating Rules: CAQH CORE 360 Rule Test Scripts

Detailed Step-By-Step Test Scripts

Test #	Criteria	Expected Result	Actual Result	Pass/Fail	Stakeholder ⁵				
					Provider	Health Plan	Clearinghouse	Vendor	N/A ⁶
1.	Health plans must align its internal codes and corresponding business scenarios to the <u>CORE-defined Claim Business Scenarios and maximum CORE-required Code Combinations</u> in the v5010 835 (Key Rule Requirements #1-3)	When submitting testing certification documentation to CORE, a health plan will be asked to sign an attestation form that its system has been modified to map the CORE-defined Business Scenarios		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	A vendor's provider-facing system or solution must be able to <u>extract and make available to the end-user appropriate text</u> accurately describing the business scenario and meaning of the code combinations (Key Rule Requirement #4)	Submit a screen shot of the remittance advice showing that the required information is displayed		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Attestation

Upload

See [Phase III CORE Certification Test Suite](#). Each Rule requirement is provided in a numbered list.

Edifecs, the First Independent CORE Authorized Testing Vendor

About Edifecs

Talent Strong

- + **600+** Worldwide
- + **50%** of employees focused on engineering
- + Employee base has quadrupled since 2008
- + Executive experience at Microsoft, Apple, McKesson, HP, Oracle, GE, Wellpoint, Blues and other leading healthcare and technology companies

Business Strong

- + 5-yr (2007-2012) CAGR is 34.5% with a cumulative growth rate of 340%
- + Employee-owned, Debt-free, Profitable.
- + Leading healthcare solutions supporting regulatory compliance and healthcare reform
- + Powering reform including the Federal Exchange

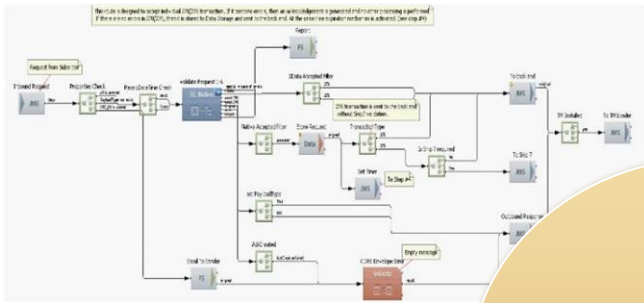
Customer Strong

- + **46** Blue plans out of total 64
- + **47** commercial plans
- + **70+** providers
- + **31** State Medicaid programs out of 56
- + Partnered with CMS to supporting the Affordable Care Act

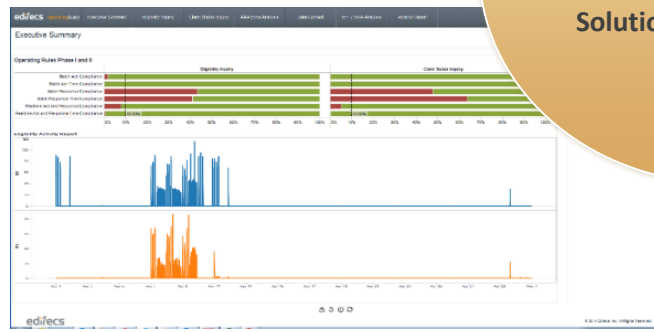
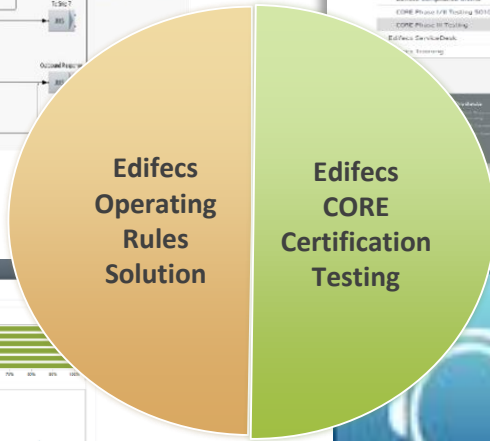
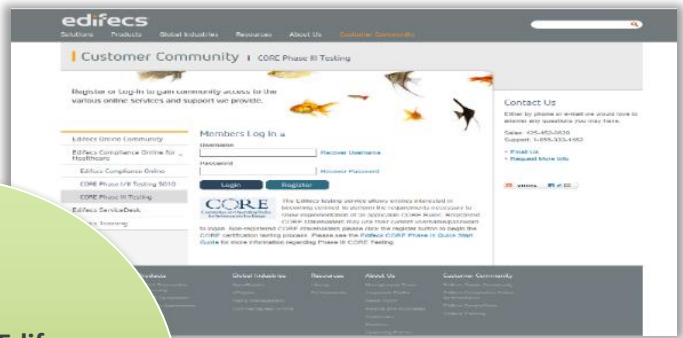


Edifecs – CORE Operating Rules

Connectivity, Transaction Workflow & Enrichment



CORE Certification Testing Website



Compliance Tracking & Troubleshooting

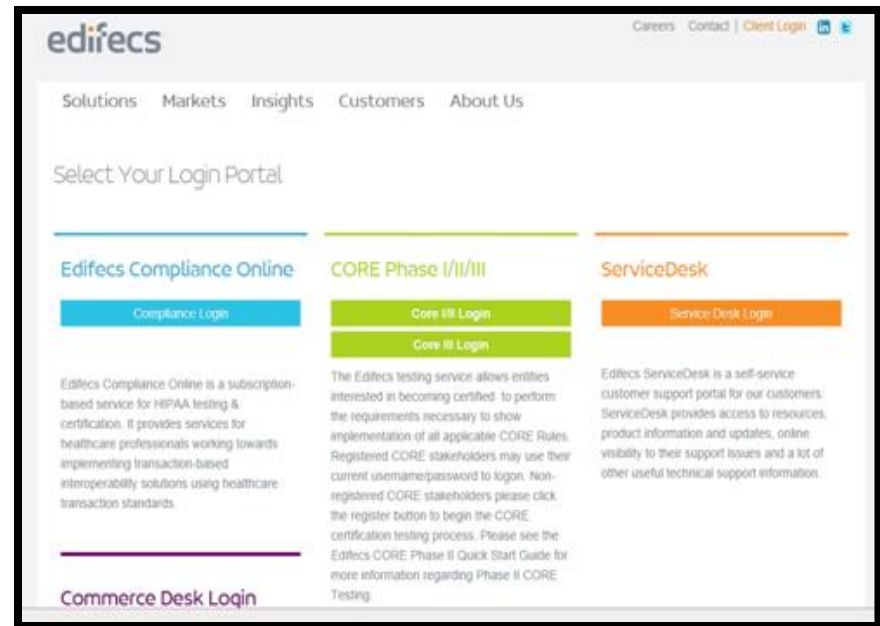


Online & Live Support

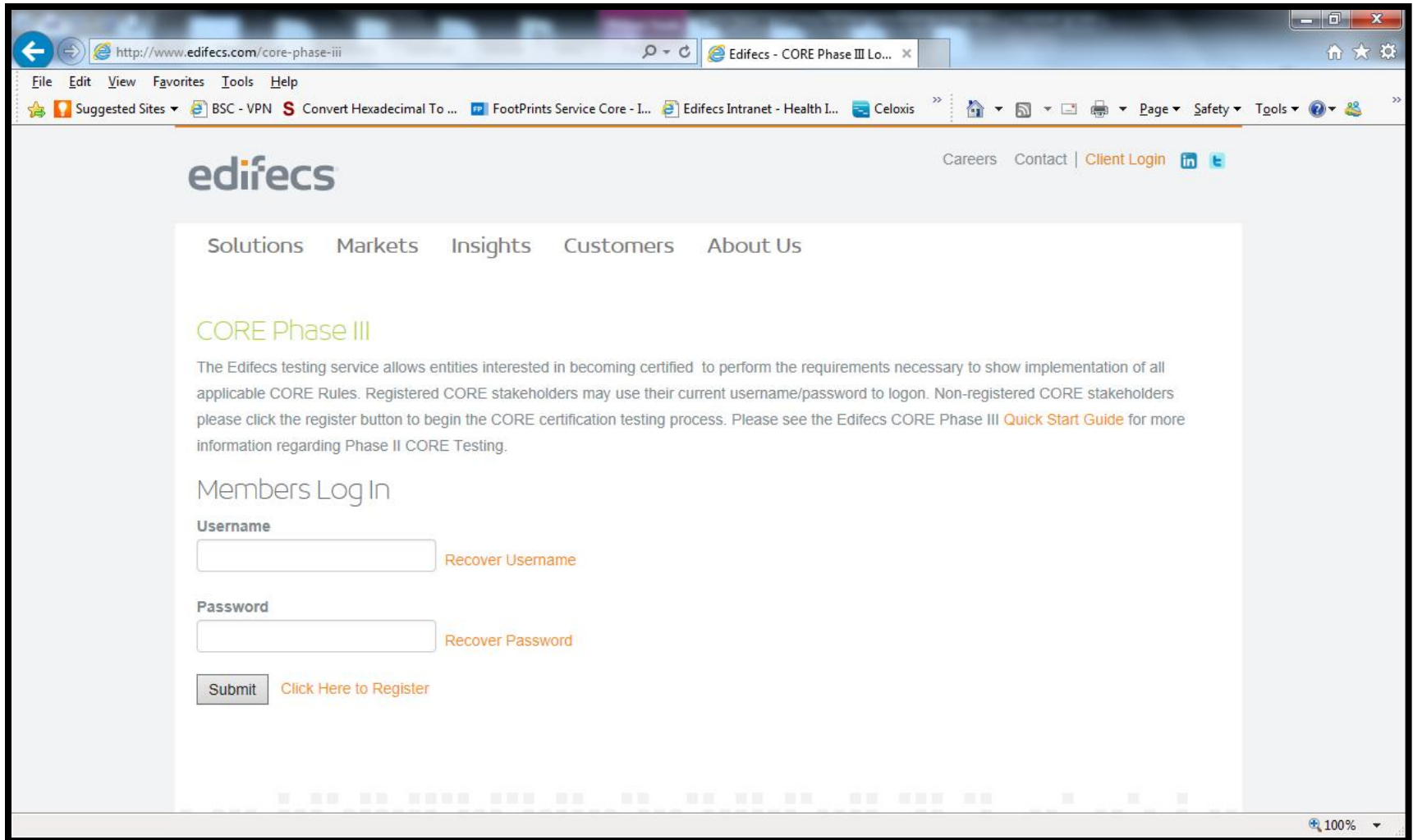


Edifecs and CAQH CORE Partnership

- Edifecs is the first CAQH CORE authorized Testing vendor for CAQH CORE Operating Rules Phase I, II and III
- The CORE Phase III EFT/ERA Certification Testing Portal is currently open for registrations
- Helping healthcare organizations with voluntary CORE certification testing since 2006
 - Provides free testing service based upon the CORE-approved Phase I , II and III Test Suites
 - Dedicated web portal available 24/7
 - Has on-line and live support for quick issue resolution
- Edifecs has enabled 137 CORE Certifications as of 4/18/14



Login Screen for Edifecs Certification Testing



Registration/Setting up a Test Account

Account Registration Wizard

Enter Organization Information
Please fill out the form below, the * denotes a required field.

Name and Identifiers
Name: *

Phone, URL, and Email
Primary Phone: Extension:
Primary Fax:
Email Address:
Home Page:
Commerce Page:

Billing Address
Billing Address Line 1:
Billing Address Line 2:
City: State/Region:
Zip/Postal Code: Country: Please select a country

Shipping Address
Shipping Address Line 1:
Shipping Address Line 2:
City: State/Region:
Zip/Postal Code: Country: Please select a country

Additional Information
CORE Stakeholder Type: * -- None --
 Provider (Submit Generic Batch Retrieval Request for v5010 835 - Information Requestor)
 Provider Vendor (Submit Generic Batch Retrieval Request for v5010 835 - Information Requestor)
 Health Plan (Receive Generic Batch Retrieval Request for v5010 835 - Information Source)
 Clearinghouse (Submit Generic Batch Retrieval Request for v5010 835 - Information Requestor)
 Clearinghouse (Receive Generic Batch Retrieval Request for v5010 835 - Information Source)
 Clearinghouse (Submit & Receive Generic Batch Retrieval Request for v5010 835 - Both)
CORE Pledge Date:

Identifiers
Identifier Production Value Test Value
SSN: Same as production

Cancel Previous Next

Overview of the Certification Testing Site

EDIFECs CORE

Welcome Admin Hub [Manage](#)
CORE Certification Testing [Manage](#)

Home Partners Contacts Issues Reports Programs Setup Help Logoff

Start
Manage
About Edifecs

WELCOME TO THE EDIFECs CAQH CORE TESTING PORTAL

Congratulations! You have successfully enrolled into the Edifecs CORE testing system and are ready to begin certification testing. Edifecs is proud to have been selected by CAQH as an approved certification vendor and is offering this certification testing portal at no charge to you the CORE Stakeholder.

In preparation for testing please make sure that you have reviewed the [CAQH Step-by-step CORE Certification Process](#) information. This webpage will provide you with links to the necessary documents to complete the initial steps of CORE certification, as well as provide you a step-by-step review of the certification process. Please note that the primary document to begin the certification process is the [CORE Pledge](#). You can begin testing without having signed the Pledge, but the Pledge must be signed and submitted prior to applying for the CORE seal. Also note that once you have signed the Pledge you will have 180 days to complete the certification testing required for your Stakeholder type. To begin testing please follow the simple outlined steps below.

- 1 Download and Review the Edifecs [CORE Testing Quick Start Guide](#).
[Launch Quick Start Guide](#)
- 2 Make certain that you have the connectivity resources available.

CORE Testing requires that an entity must be able to support the Phase II CORE 270 Connectivity Rule Version 2.2.0. It is expected that as a CORE Stakeholder and testing entity that you have some knowledge of how the protocol works and have the resources to formulate the posts and communications required during the testing process. Edifecs will be more than happy to answer any questions related to testing. However, Edifecs will not perform the connectivity requirements on behalf of CORE testing stakeholders. Questions related to connectivity and your internal capabilities should be directed to internal IT staff, who should have the resources to assist CORE stakeholders in their connectivity testing.
- 3 Click on the "Programs" tab at the top to access the testing programs that you have been enrolled in for CORE testing.

Copyright © 2014 Edifecs, Inc. All Rights Reserved

Powered by **EDIFECs**

EDIFECs, Inc

- Edifecs Solutions
- Healthcare Solutions
- Products
- Compliance Online
- Resources

Polling Question #2:

Voluntary CORE Certification

Does your organization plan on seeking *Voluntary CORE Certification* for Phases I, II and/or III?

1. Yes
2. No
3. Maybe

Free CAQH CORE Implementation Resources

Promote Provider Adoption

Take Action Now!

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

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

Free Tools and Resources Available

Education is key

Get executive buy-in early

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

Determine Scope of Project

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

Just Getting Started

Analysis and Planning

Systems Design

Systems Implementation

Integration & Testing

Deployment/
Maintenance

Engage Trading Partners Early and Often

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

TEST, TEST, TEST!

- Leverage [Voluntary CORE Certification](#) as a quality check, a way to test with partners, and as a way of communicating compliance to the industry and other trading partners

Get Involved with CAQH CORE

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

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 or VoIP: When prompted for audio portion of Q&A, please press **“Raise Hand” Button** to queue up to ask a question



NOTE: *In order to ask a question during the audio portion of the Q&A please make sure that you have entered the “Audio PIN” (which is clearly identified on your user interface) by using your telephone keypad.*

Thank You for Joining Us!

website: www.CAQH.org

email: CORE@caqh.org

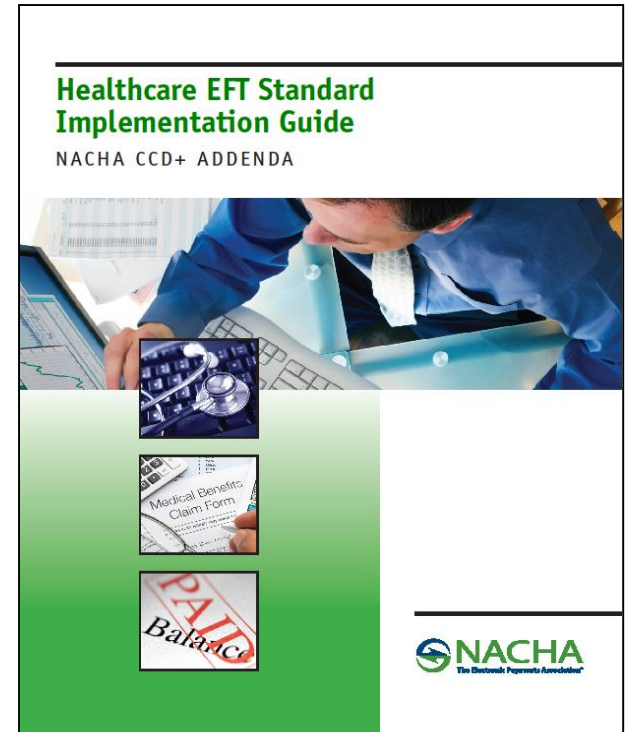


APPENDIX

Additional Information and Resources

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 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
- [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”

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
- [CMS eHealth University](#)
 - [What Administrative Simplification Does For You](#) – This fact sheet explains the basics behind how Administrative Simplification will help improve health care efficiency and lower costs
 - [Introduction to Administrative Simplification](#) – This guide gives an overview of Administrative Simplification initiatives and their purposes
 - [Introduction to Administrative Simplification: Operating Rules](#) – A short video with information on Administrative Simplification operating rules
- Additional Questions
 - Questions regarding HIPAA and ACA compliance can be addressed to:
 - Geanelle Herring, Health Insurance Specialist, Geanelle.Herring@cms.hhs.gov