CAQH CORE & Emdeon

Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Implementation Session
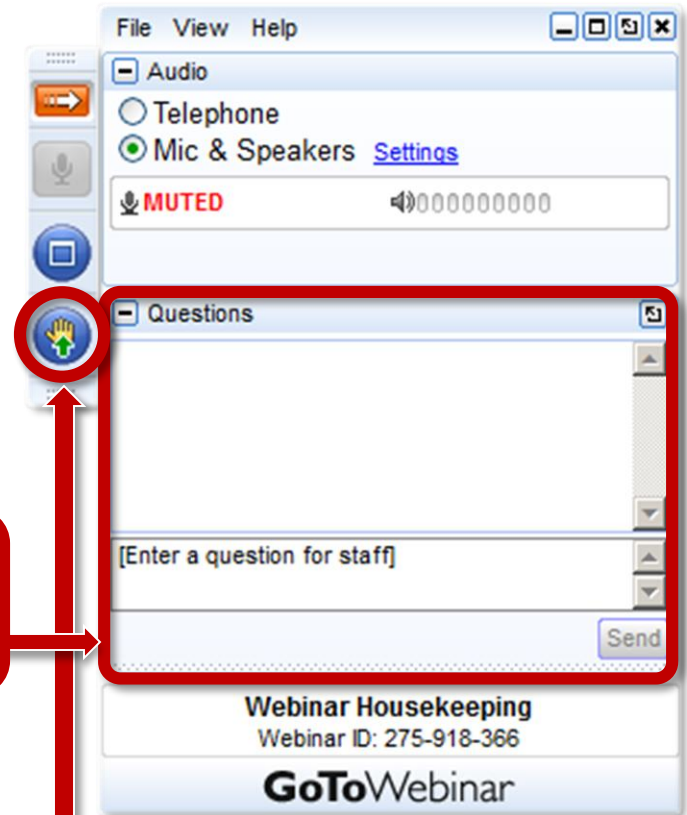
May 21, 2014
2:00 pm – 3:30 pm ET

Additional information/resources available at www.caqh.org

Participating in Today's Session

- Download a copy of today's presentation on the CAQH.org website
    - 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

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Questions

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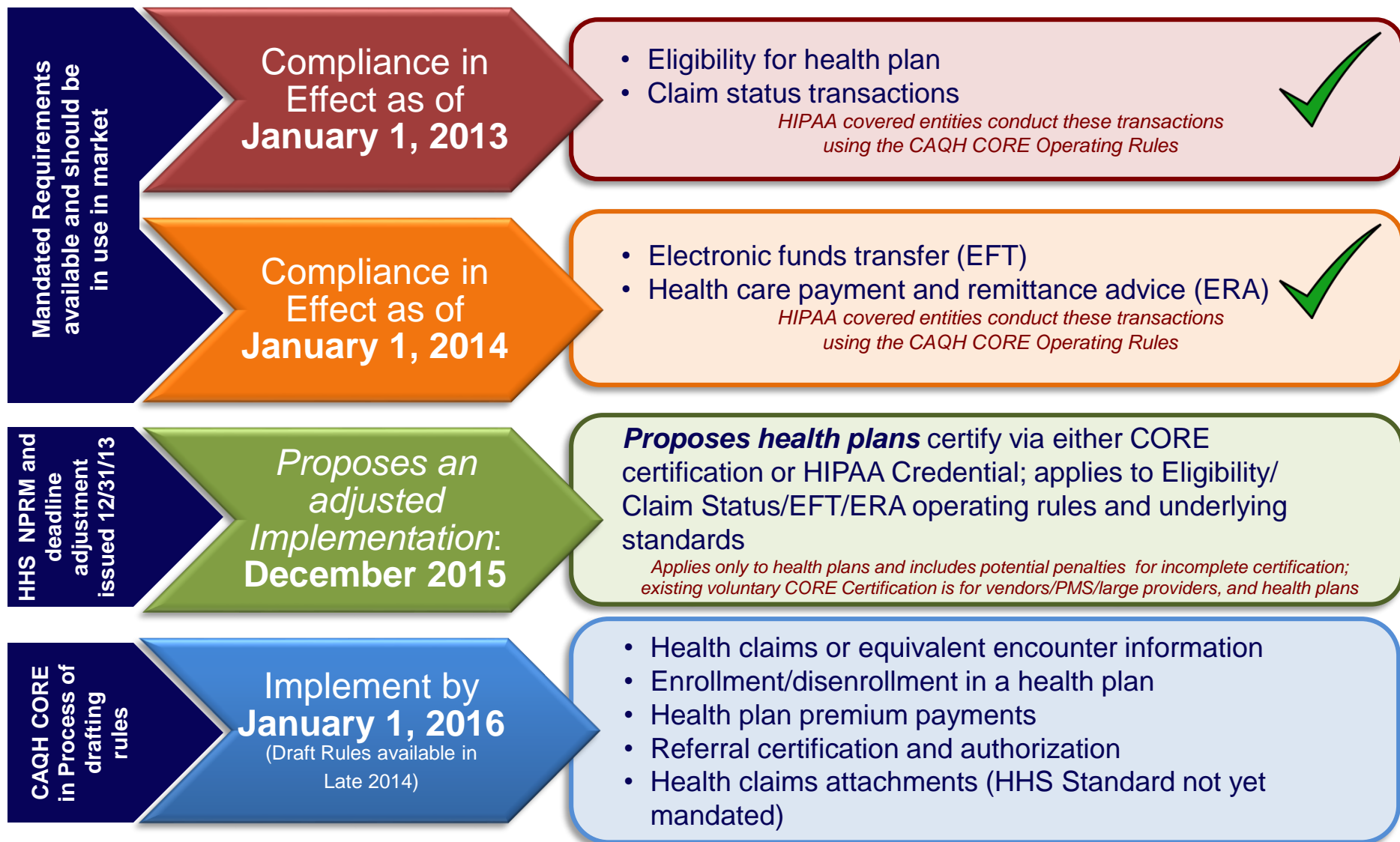
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Session Topics

- Welcome Introduction

- ACA Mandate and HHS Health Plan Certification

- CAQH CORE Phase III Operating Rules Overview
  - Rule requirements and benefits
  - *Voluntary* CORE Certification

- Implementation and Certification Considerations
  - Importance of Trading Partner Relationships

- Phase III Operating Rule Implementation Perspectives
  Guest Speaker – **Debbie McCachern,** *Emdeon*

- Available Implementation Resources

- Q&A

ACA Mandate and HHS Health Plan Certification
Scope and Update

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Scope: ACA Mandated Operating Rules and Certification Compliance Dates

Mandated Requirements available and should be in use in market	**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* ✓
Mandated Requirements available and should be in use in market	**Compliance in Effect as of January 1, 2014**	• Electronic funds transfer (EFT) • Health care payment and remittance advice (ERA) ✓ *HIPAA covered entities conduct these transactions using the CAQH CORE Operating Rules*
HHS NPRM and deadline adjustment issued 12/31/13	*Proposes an adjusted Implementation*: **December 2015**	***Proposes health plans** certify via either CORE certification or HIPAA Credential; applies to Eligibility/Claim Status/EFT/ERA operating rules and underlying standards* *Applies only to health plans and includes potential penalties for incomplete certification; existing voluntary CORE Certification is for vendors/PMS/large providers, and health plans*
CAQH CORE in Process of drafting rules	**Implement by January 1, 2016** (Draft Rules available in Late 2014)	• Health claims or equivalent encounter information • Enrollment/disenrollment in a health plan • Health plan premium payments • Referral certification and authorization • Health claims attachments (HHS Standard not yet mandated)

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 to[2]:
  - 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 Rule[2]*
    - Examples include but are not limited to: Doctors, Clinics, Psychologists, Dentists, Chiropractors, Nursing Homes, and Pharmacies
  - Health Plans *(including TPA, 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**

  Existing ▶
  1. **CAQH CORE Certification Seal** for Phase III (includes Seals for Phase I and II and testing with independent testing entity)

     or

  In Draft ▶
  2. **HIPAA Credential:** Requirements outlined by the NPRM include attestation-based documents

Commenting on the NPRM Structure
Background

- Based on several steps of feedback from CORE and non-CORE participants, CAQH CORE developed a [Model Comment Letter](#) that both CORE and non-CORE Participants had the opportunity to customize and use as they deemed appropriate to submit comments to HHS

  - The letter contained key substantive areas for comment identified by CAQH CORE using industry input, which included:

    - HPID Use in Certification vs. Other Efforts

    - Engaging Vendors

    - Terminology and Involved Parties

    - Audit and Penalties

    - Stages after Initial Stage

- CMS received over 70 comments during the NPRM public comment period, available to the public at www.regulations.gov

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](#)

  - CAQH CORE developed content for the [Draft HIPAA Credential Forms](#) based on the HHS Health Plan Certification of Compliance NPRM

- Goals of feedback period:

  - Use industry input (CORE and non-CORE participants) 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

- Process:

  - Gather industry input during ***one-month public comment period*** (May 6th -June 3rd)

  - Comments on draft forms will be reviewed by the CAQH CORE Certification & Testing Subgroup, comprised of CORE Participants*, and a revised set of forms will be published after that review is complete.

- For more information on the Draft HIPAA Credential Forms and how you can provide your feedback, please visit the discussion slides on our website [HERE](#)

*Not a CORE Participating Organization and would like more information on how to become one? please visit our website [HERE](#)

Polling Question #1:
Penalties for Health Plan non-compliance

True or False: A health plan can be penalized for non-compliance with the ACA-mandated Operating Rules *before* the HHS Health Plan Certification deadline?

1. True

2. False

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	*First Set* – **January 1, 2013** *Second Set* – **January 1, 2014**	**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).
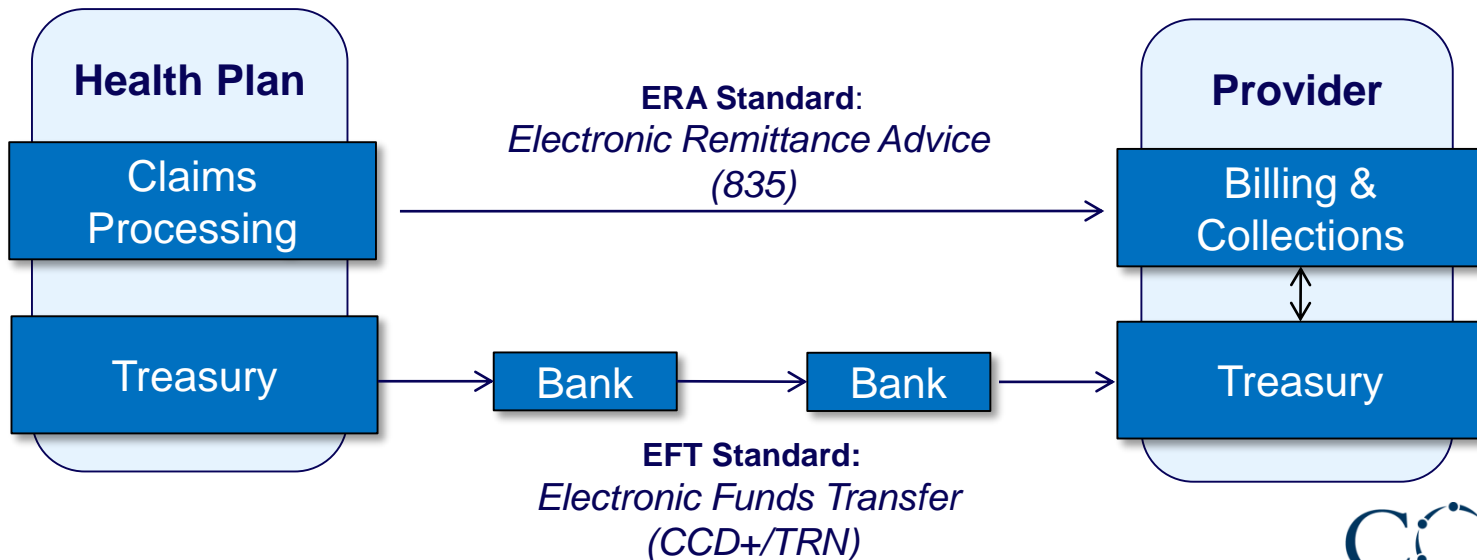
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CAQH CORE Phase III Operating Rules

EFT & ERA

EFT and ERA Transaction Flow

- EFT and ERA Operating Rules represent the convergence of financial services and healthcare
  - Both transactions are sent using "recognized" electronic HIPAA standards
  - Aim is to increase adoption of both standards in healthcare
- Together the transactions foster the goals of administrative simplification by moving the process of reimbursement from paper to electronic
  - ERA is an electronic transaction that enables providers to receive claims payment information from health plans electronically; ERA files are intended to replace the paper Explanation of Payment (EOP)
  - EFT enables providers to receive payments from health plans electronically

Health Plan

| Claims Processing |

ERA Standard:
Electronic Remittance Advice (835)

Provider

| Billing & Collections |

| Treasury | → | Bank | → | Bank | → | Treasury |

EFT Standard:
Electronic Funds Transfer (CCD+/TRN)

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Affordable Care Act (ACA) Mandated Healthcare EFT Standard and EFT & ERA Operating Rules

- **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 now 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

> Compliance date for both the Healthcare EFT Standard and EFT & ERA Operating Rules was January 1, 2014

* CMS-0028-IFC excludes requirements pertaining to acknowledgements.

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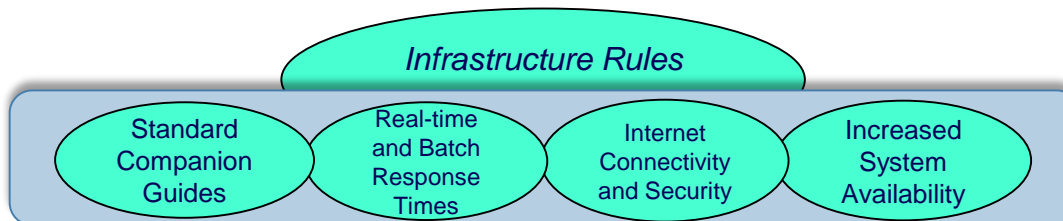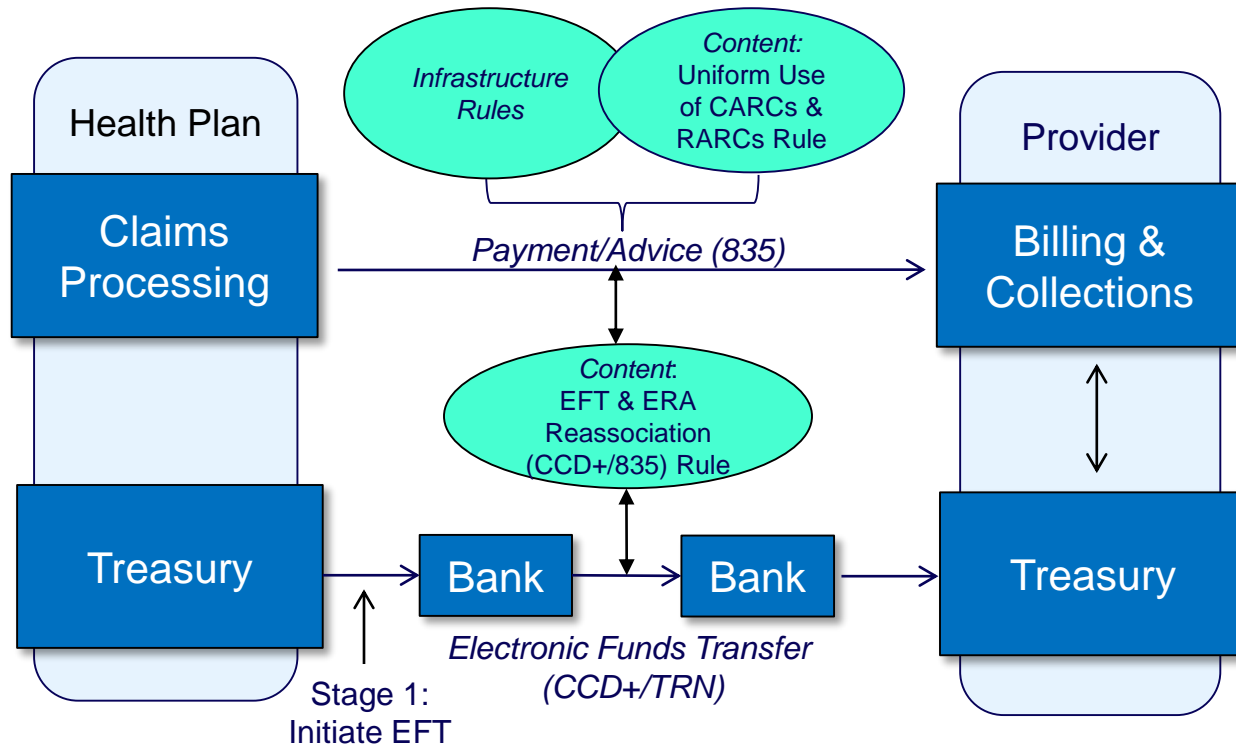Committee on Operating Rules
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EFT & ERA Operating Rules:
Rules in Action

Indicates where a CAQH CORE EFT/ERA Rule comes into play

Pre- Payment: Provider Enrollment

EFT Enrollment Data Rule

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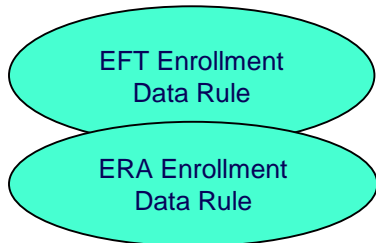
Content: Provider first enrolls in EFT and ERA with Health Plan(s) and works with bank to ensure receipt of the CORE-required Minimum ACH CCD+ Data Elements for reassociation

Claims Payment Process

Infrastructure Rules

Content: Uniform Use of CARCs & RARCs Rule

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

Health Plan

Claims Processing

Treasury

Payment/Advice (835)

Bank → Bank

Electronic Funds Transfer (CCD+/TRN)

Stage 1: Initiate EFT

Provider

Billing & Collections

Treasury

Infrastructure Rules

Standard Companion Guides

Real-time and Batch Response Times

Internet Connectivity and Security

Increased System Availability

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How Operating Rules Benefit Providers
EFT & ERA Operating Rules

- **Key Benefits**

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

- **Savings Estimate**

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

- **Timeframe**

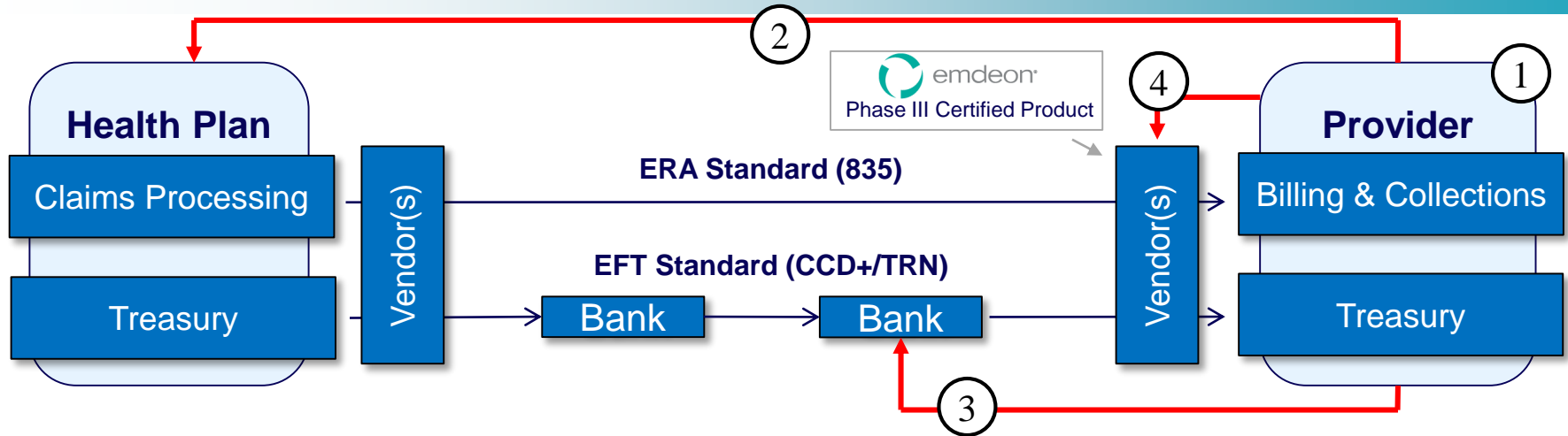   - Both the ACA-mandate and Medicare require compliance with the EFT Standard and the EFT & ERA Operating Rules by *January 2014*

    - Hospitals and Health Systems can start working with their trading partners to achieve these benefits **NOW!**

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How to Maximize Benefits of Operating Rules
Provider Actions

Diagram:
- **Health Plan**: Claims Processing, Treasury
- Vendor(s)
- **ERA Standard (835)**
- **EFT Standard (CCD+/TRN)**: Bank → Bank
- emdeon — Phase III Certified Product
- Vendor(s)
- **Provider**: Billing & Collections, Treasury
- Numbered markers 1, 2, 3, 4

① Determine if your organization is conducting the applicable electronic transactions
- If you conduct the X12 v5010 835 and ACH CCD+, these transactions must comply with the Operating Rules
- Assess organizational readiness/compliance and Identify all systems and vendors that touch X12 v5010 835 and the Healthcare EFT Standard transactions
  - Use CAQH CORE Analysis and Planning Guide

② Understand health plan agreements and options for payment and remittance information
- Request healthcare EFT payments from your payers, both public and private, using the *Sample Provider EFT Request Letter*

③ Contact financial institution to request delivery of the EFT and payment related information including the reassociation trace numbers
- To help facilitate this request, CAQH CORE developed the *Sample Provider EFT Reassociation Data Request Letter*

④ If applicable, ensure vendor has updated its systems to align with the CORE Operating Rules
- Encourage your vendor (and Health Plan) to become CORE Certified

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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

Importance of *Voluntary* CORE Certification
Healthcare Providers

- Although most CAQH CORE Operating Rule requirements apply to health plans, hospitals and health systems and their vendors/clearinghouses play an equally important role
    - *Without hospitals determining how to gain benefit, benefit will not accrue*
- Providers should encourage their vendors/clearinghouses to become voluntarily CORE-certified
    - Providers' certification often relies on their vendor/clearinghouse becoming certified
    - Vendors are key in ensuring your hospital is benefiting from this ACA-mandate
- *Voluntary* CORE Certification helps healthcare providers by:
    - Easily identifying business partners committed to using the operating rules
    - Allowing vendors, such as **Emdeon**, to demonstrate their successful implementations and you to simply check for that demonstration
    - Imposing accountability, requiring certified payers and vendors to comply, without exception
    - Adding value beyond the mandated operating rules by checking compliance with voluntary CORE rules, such as operating rules related to Acknowledgements
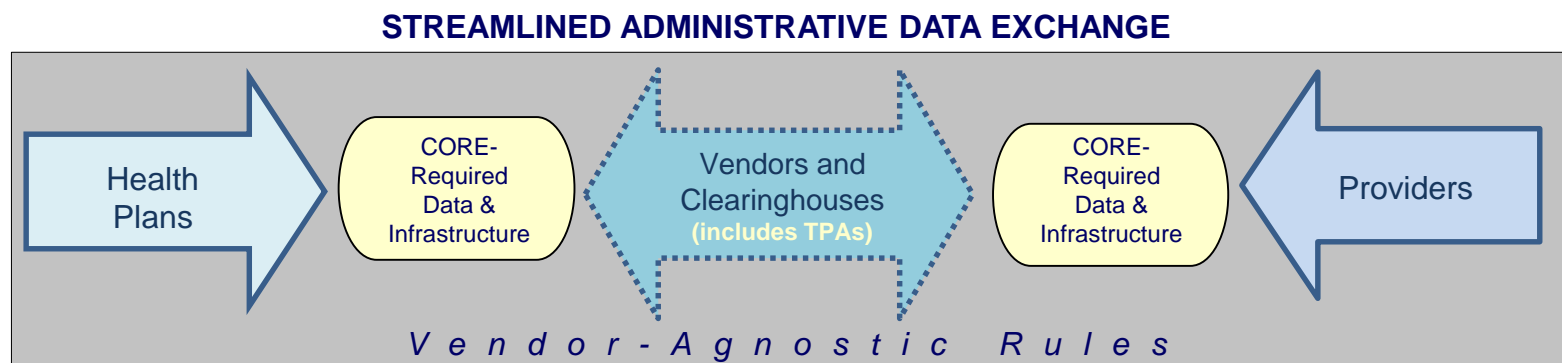
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Implementation and Certification Considerations
Importance of Trading Partner Relationships

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Importance of Trading Partner Relationships
Roles in Operating Rule Implementation

STREAMLINED ADMINISTRATIVE DATA EXCHANGE

Health Plans → CORE-Required Data & Infrastructure → Vendors and Clearinghouses **(includes TPAs)** → CORE-Required Data & Infrastructure ← Providers

V e n d o r - A g n o s t i c   R u l e s

- Hospitals 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 hospital and health system clients to realize the benefits of CAQH CORE Operating Rules; these entities often act as Business Associates on behalf of a hospital or other HIPAA covered entity

  - Hospitals and health systems rely on their vendors/PMS vendors to achieve their administrative cost saving goals and achieve end-to-end interoperability

  - Hospitals and health systems can also leverage the services of their Financial Institution to facilitate adoption of ACA-mandated operating rules

- **Communication is Key:** All entities must communicate changes prior to implementation across trading partners to ensure seamless transactions

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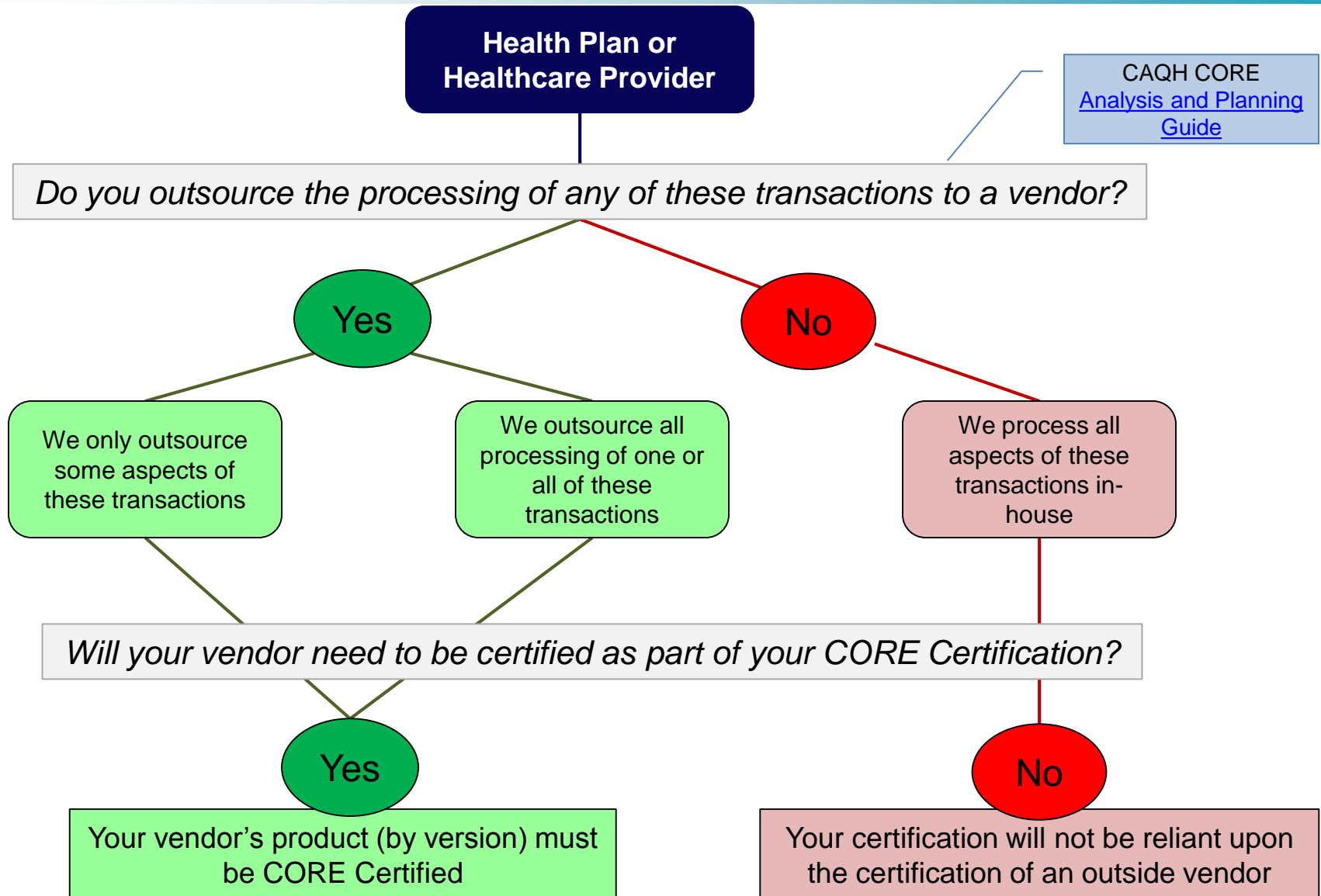A CAQH Initiative

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Polling Question #2:
Health Plan 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 existing CORE Certification Process or the proposed HIPAA Credential Forms (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

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Identifying Trading Partner Responsibility

Health Plan or Healthcare Provider

CAQH CORE
Analysis and Planning Guide

Do you outsource the processing of any of these transactions to a vendor?

Yes

No

We only outsource some aspects of these transactions

We outsource all processing of one or all of these transactions

We process all aspects of these transactions in-house

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

Yes

No

Your vendor's product (by version) must be CORE Certified

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

Voluntary CORE Certification Testing:
Testing Considerations for Health Plans

- If your health plan outsources to a vendor, clearinghouse or business associate the processing of the ASC X12 v5010 835 or Healthcare EFT Standard transactions to providers you may have some unique implementation considerations:

  - Depending on the scenario, the health plan may not need to implement some rule requirements directly while the clearinghouse/intermediary/business associate will need to implement them on behalf of the health plan

  - For the EFT and ERA transactions, intermediaries/business associates may include other types of entities not involved in the implementation of the ACA-mandated Phase I and II CAQH CORE Eligibility and Claim Status Operating Rules, such as third-party payment vendors; the entity, therefore, might have different trading partners to consider when implementing the CAQH CORE EFT & ERA Operating Rules

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Voluntary CORE Certification Testing:
Testing Considerations Providers and Vendors

- Providers working with a CORE Certified Clearinghouse or Vendor
  - Dependent upon the scenario between the provider and vendor, the provider may not have to undergo certification testing for some of the rules.

- Vendors
  - Vendor stakeholders must certify each specific product and product version separately (see CORE Guiding Principles).
  - 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

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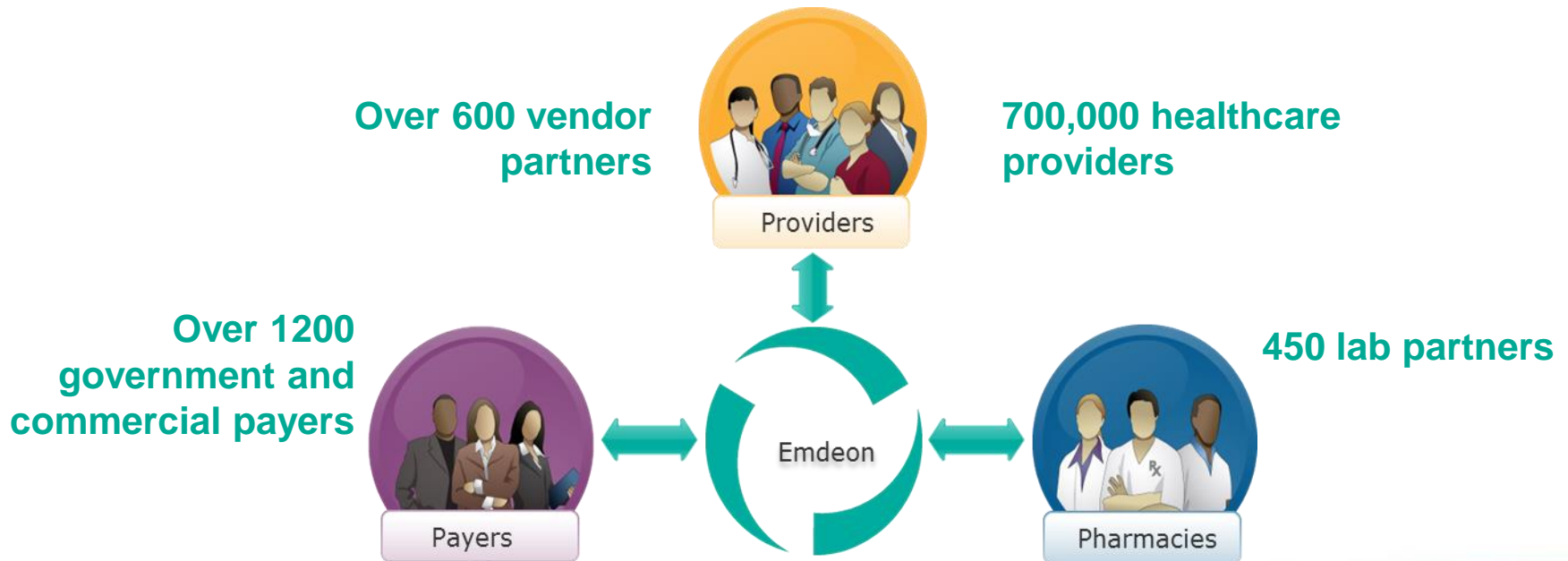*Remittance and Payment Management*
Phase III CORE Certified Product

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ERA/EFT Operating Rules
Phase III CORE Certification

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About Emdeon

*Emdeon provides connectivity, workflow solutions, and technology enabled services to streamline operations and improve cash flow to our customers. Their overall mission is to make healthcare efficient. In this role, **their comprehensive network** processes annually more than **7 billion healthcare transactions**, connecting:*

Over 600 vendor partners

700,000 healthcare providers

Providers

Over 1200 government and commercial payers

450 lab partners

Payers

Emdeon

Pharmacies

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Emdeon and CAQH CORE

- *Emdeon has partnered with CAQH CORE since CORE's inception.*

- *We have been an ongoing active participant in CORE subgroups and have participated in rule development.*

- *Emdeon was an early adopter of each operating rule phase:*

  - Phase I Certified 2007: Real Time Transaction Processing and Data Hosting Service

  - Phase II Certified 2010 : Real Time Transaction Processing and Data Hosting Service

  - Phase III Certified 2014: Remittance and Payment Management

- *Emdeon's long history with the certification processes have given us the benefit of historical knowledge.*

- *This presentation focuses on implementation of the ERA/EFT Operating Rules and our Phase III certification.*

Emdeon's Implementation Strategy

- *Leveraged a Program Management approach to plan and monitor the project, guided by a Steering Committee.*

Emdeon Program Office for Operating Rules			
Phase I Educate and Engage	**Phase II** Strategic Alignment	**Phase III** Testing Remediation	**Phase IV** Implementation/ Production
Resources, Key Deliverables and Milestones Identified			

- *Utilized CAQH CORE's Analysis and Planning Tools to ascertain the scope of work:*
    - Stakeholder Type Evaluation
    - Systems Inventory & Assessment
    - Gap Analysis Worksheet

- *Monitored and tracked progress.*

- *Primary goal was to remediate all systems to meet the ERA/EFT Operating Rules implementation deadline.*

- *Enabled us to judge when to engage with the CORE testing vendor for completion of our CORE Phase III Certification testing.*

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Challenges and Solutions

EFT/ERA Enrollment (Rules 380/382)

Challenge: *Emdeon needed to allow the provider to identify multiple health plans for enrollment.*

- Many-to-many relationships: Multiple providers enrolling with multiple payers.

- Flow does not address intermediary role of the clearinghouse:
  - One provider enrolling with one payer.
  - Lack of clear guidance when information varies for some data elements based on the specific payer while others are constant.
    - *Example: one provider needs to specify different bank account numbers for Medicare versus commercial payers.*

Resolution: *Redesign, Repetition, Defaulting*

- We were able build a solution that was in alignment with both the rules and our unique business needs as a clearinghouse.

- Redesign of our underlying enrollment system was required.

- In provider enrollment interface, we repeated data elements to adhere to prescribed flow.

- However we were able to default values that are not payer-specific.

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EFT/ERA Enrollment (Rules 380/382), cont.

Challenge: *No standard way to convey enrollment data electronically to payers.*

- X12 enrollment standard still under development.

- Guidelines for creating XML would create invalid syntax.
  - Rule states "When using an XML-based electronic approach, the Data Element Name and Sub-Element Name must be used exactly as represented in the table enclosed in angle brackets" (Section 4.3.2)
  - Some element names contain invalid XML characters
  - Example: "National Provider Identifier (NPI)"

- Payers slow to adopt electronic enrollment from clearinghouses.

Resolution: *We were able to build an electronic file that supports the CORE requirement for electronic submission of the data and have been able to implement it.*

- Working together with CAQH, Cooperative Exchange, and other clearinghouses, we were able to resolve some of the challenges with XML and develop a proprietary file for enrollment.

- Created paper forms for payers out of our enrollment systems.

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EFT/ERA Enrollment (Rules 380/382)

Challenge: *Some providers may be unfamiliar with vocabulary.*

- Many providers do not relate to the terminology in the enrollment form.

- Example: What is a Billing Agent?

Resolution: *Provider education*

- Provider support and education has been necessary.

- For EFT Enrollment, we made the CORE rule available to providers from the enrollment application, for reference to vocabulary definitions.

- Because the rule is available from our enrollment platform, providers can educate themselves on the definitions.

EFT/ERA Reassociation (Rule 370)

Challenge: *Acquiring ERA Data for CCD+ Addenda Record.*

- Our EFT payer customers are not always our ERA customers.

Resolution: *System Enhancement and Reporting.*

- Redesigned systems to store ERA reassociation data from payers.

- Enhanced report-back to payers to ensure proper tracking.

- This has been a positive enhancement to our systems, enabling support to our customers.

Challenge: *Provider Awareness of EFT Process.*

- Providers are often unaware of how to work with their banks to receive CCD+ addenda.

Resolution: *Education, Education, Education*

- We have worked with providers to help them understand the actions they must take to receive the CCD+ addenda from their bank.

EFT/ERA Reassociation (Rule 370)

Challenge: *Trading Partner Readiness*

- While the EFT has been in use for some time, because the Healthcare EFT is a new HIPAA covered transaction, some trading partners are inexperienced with its use and are having difficulties with implementation.

- Providers and payers alike can be new to healthcare EFT.

Resolution: *Focus on Implementation*

- Scheduling of trading partner implementation is a priority.

- Reflects back to our Program Management approach to ensure adequate resources are available.

Uniform Use of CARCs/RARCS (Rule 360)

Challenge: *Displaying Business Scenarios and CARC/RARC Descriptions.*

- This was previously not done in our provider-facing products.

Resolution: *Product Enhancement*

- Developed a mechanism for displaying descriptions.

- Made solution easily updatable to be responsive to updates to the scenarios and codes.

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General Considerations

As a clearinghouse, Emdeon has the responsibility of being ready regardless of our trading partner readiness.

- We continue to work to assure that our trading partners can achieve compliance.

- Resource management from an implementation perspective is critical: most trading partners are ready to implement in the final quarter prior to the compliance deadline.

- We have found, especially for EFT, that providers have been slow to adopt. We continue to work on education and outreach.

Education has been a key component of our trading partner relationships. We provide information to our trading partners in several ways:

- www.hipaasimplified.com – a website dedicated to providing information on our approach to and readiness for our regulatory compliance efforts

- Live support.

- Robust enrollment applications which provide guidance online.

Benefits of Phase III Certification

How Does Certification Benefit Emdeon?

We have not seen a significant increase in EFT and ERA, however:

- Our CORE Phase III seal is a value-add definitive statement that we meet the requirements of the ERA/EFT Operating Rules (as well as the Eligibility/Claim Status Operating Rules)

- This provides assurance to our customers.

- Our certification will be helpful to health plan trading partners as they complete their Certification requirements.

Free CAQH CORE Implementation Resources

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

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Analysis and Planning

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Systems Design

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Systems Implementation

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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

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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

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Upcoming CAQH CORE Webinars and Events

- **CAQH CORE and NACHA Joint Education Session**
  Featuring: Fifth Third Bank and other industry implementers
  Thursday, May 29, 2014 | 2:00 – 3:30 pm ET
  - Join guest speakers from industry implementing organizations and NACHA for an advanced session on the benefits of the EFT Standard and EFT & ERA implementation. This education session is focused on implementation considerations, the EFT Standard and Operating Rule requirements, and other essential information your organization needs to ensure you receive the benefits of compliance with the CAQH CORE EFT & ERA Operating Rules.

- **Edifecs and CAQH CORE Joint Education Session**
  Featuring: athenahealth
  Tuesday, June 10, 2014 | 2:00 – 3:30 pm ET
  - Learn how you can demonstrate conformance with and benefit from the ACA mandated Operating Rules by achieving CORE certification with CORE authorized testing vendor Edifecs. Hear from CAQH CORE participating entity and Phase III CORE certified vendor, athenahealth, about challenges and tips to successfully seeking Voluntary CORE Certification and Operating Rule implementation in general.

REMINDER:
Registration for all upcoming webinars, as well as materials and recordings of past educational webinars, can always be found on our Education Events page

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Q&A

Please submit your question:

- <u>Via the Web</u>: Enter your question into the Q&A pane in the lower right hand corner of your screen
- <u>By Phone of VoIP</u>: When prompted for audio portion of Q&A, please press "Raise Hand" Button to queue up to ask a question

***<u>NOTE</u>**: 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!

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APPENDIX

Additional Information and Resources

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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