Committee on Operating Rules For Information Exchange (**CORE**®)

Mastering the Fundamentals

*Healthcare Electronic Funds Transfer (EFT) Standard
and ACA-mandated EFT and Electronic Remittance Advice (ERA)
Operating Rules*

Wednesday, April 10, 2013
2:00 pm to 3:30 pm ET

Participating in Today's Interactive Event

- Download a copy of today's presentation <u>HERE</u>
- 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
- There will be a Question and Answer session at the end of today's presentation
  - On-line questions will be addressed first
  - The audience will be invited to submit questions through the telephone
  - Ask your question by phone at the designated time by pressing * followed by the number one (1) on your keypad

Polling Question #1:
Stakeholder Type

Choose the stakeholder category that best describes your company:

1. Health Plan/Third Party Administrator/Payer

2. Clearinghouse/Intermediary

3. Healthcare Provider

4. Product/Service Vendor

5. Government Entity

6. Other

Session Topics

- Welcome & Introductions

- Affordable Care Act (ACA) § 1104 and Aligning Healthcare and Financial Services

- NACHA: Healthcare EFT Standard and ACH Network

    – Fundamentals of the Healthcare EFT Standard

    – Specifications of the CCD+Addenda

    – Specifications of the ACH Transaction Flow

    – Implementing the Healthcare EFT Standard

- CAQH CORE EFT & ERA Operating Rules

    – How the EFT Standard and EFT & ERA Operating Rules Work Together

    – Key EFT & ERA Operating Rule Requirements

    – Implementing EFT & ERA Operating Rules

- Question and Answer

Affordable Care Act (ACA) § 1104 and Aligning Healthcare and Financial Services

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ACA Mandated Operating Rules Compliance Dates:
Required for all HIPAA Covered Entities

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

Compliance in Effect as of January 1, 2013

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

Implement by January 1, 2014

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

Implement by January 1, 2016

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

Rule requirements available.

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Healthcare EFT & ERA Standards + Operating Rules

EFT & ERA Standards ➕ **EFT & ERA Operating Rules** = **Admin Simplification**

ACH CCD+ & X12 v5010 835

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

CAQH CORE EFT & ERA Operating Rules

- Provider enrollment in EFT and ERA
- Infrastructure for supporting the ERA
- Uniform use of codes for conveying claim adjustments/denials
- Reassociation of the EFT and ERA

Together, EFT & ERA Standards and Operating Rules will deliver efficiency and consistency across the healthcare industry

Compliance date for both the Healthcare EFT Standard and EFT & ERA Operating Rules is January 1, 2014; requirements to support the X12 v5010 835 are already in effect.

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EFT & ERA Standards and Operating Rules in Action

Indicates where a CAQH CORE EFT/ERA Rule comes into play
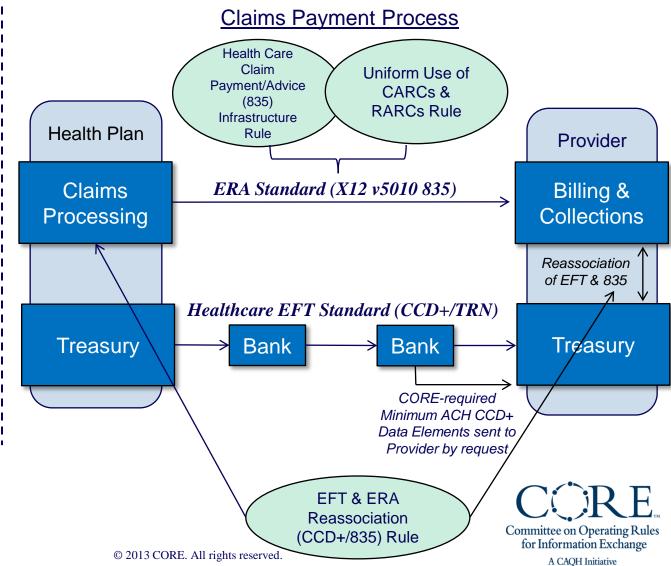
Pre- Payment: Provider Enrollment

EFT Enrollment Data Rule

ERA Enrollment Data Rule

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

Health Care Claim Payment/Advice (835) Infrastructure Rule

Uniform Use of CARCs & RARCs Rule

Health Plan

Claims Processing

Treasury

ERA Standard (X12 v5010 835)

Healthcare EFT Standard (CCD+/TRN)

Bank

Bank

Provider

Billing & Collections

Treasury

Reassociation of EFT & 835

CORE-required Minimum ACH CCD+ Data Elements sent to Provider by request

EFT & ERA Reassociation (CCD+/835) Rule

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Cross Industry Collaboration for EFT & ERA Operating Rules

- CAQH CORE and NACHA: Healthcare and Financial Services Alignment
  - NACHA: The Electronic Payments Association maintains the *NACHA Operating Rules* and is the Standard Development Organization (SDO) for the Healthcare EFT Standard
  - CAQH CORE and NACHA partnership established in 2005 and continues to build over time
  - Due to the mandated healthcare operating rules on EFT and the opportunities for the healthcare industry to transform the way payments are made, there is a convergence of financial services and healthcare
  - During development of the CAQH CORE EFT & ERA Operating Rules, CORE Participants identified key areas where new or modified *NACHA Operating Rules* could address current issues in using the NACHA EFT Standard when doing EFT healthcare payments over the ACH Network
    - The *NACHA Operating Rules* and EFT Standard have subsequently been adjusted to help align with the healthcare operating rules
  - Ongoing collaboration between CAQH CORE and NACHA including extensive education and outreach efforts

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Polling Question #2:
Healthcare EFT Standard

How would you rate your overall level of understanding of the Healthcare EFT Standard (ACH CCD+/TRN):

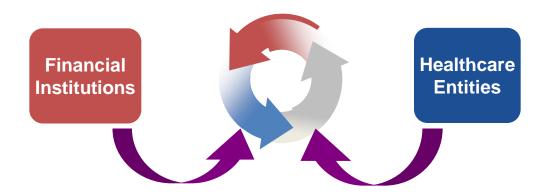1. Very Strong

2. Strong

3. Fair

4. Limited

5. Very Limited

NOTE: It is estimated that only 30% of all healthcare payments are sent electronically today

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NACHA:
The Healthcare EFT Standard and the ACH Network
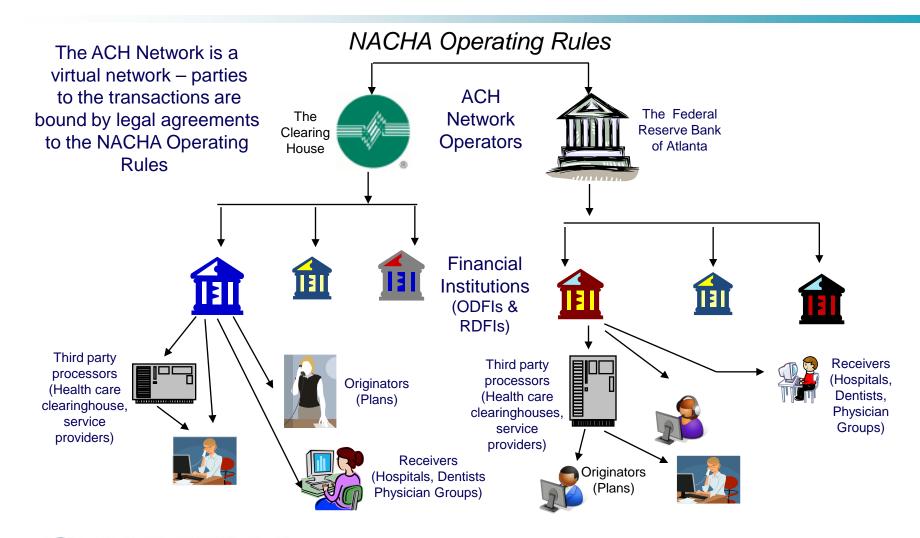
NACHA Role in Supporting Healthcare Payments

Financial Institutions ⟲ Healthcare Entities

- NACHA's focus is supporting efficiency for payments and related information sent through banks from health plans to providers
  - As the Author, Maintains the Healthcare EFT Standard
  - Collaborated with CAQH CORE in development of the Healthcare EFT & ERA Operating Rules
  - Helping the healthcare industry understand the Healthcare EFT standard
    - What are *NACHA Operating Rules* and how do they impact the standard?
    - How does it work?
    - A Healthcare EFT Standard Implementation Guide is available from NACHA

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ACH Operators Support 13,000+ Financial Institutions

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

NACHA Operating Rules

The Clearing House

ACH Network Operators

The Federal Reserve Bank of Atlanta

Financial Institutions (ODFIs & RDFIs)

Third party processors (Health care clearinghouse, service providers)

Originators (Plans)

Receivers (Hospitals, Dentists Physician Groups)

Third party processors (Health care clearinghouses, service providers)

Originators (Plans)

Receivers (Hospitals, Dentists, Physician Groups)

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ACH Participant Roles and Responsibilities

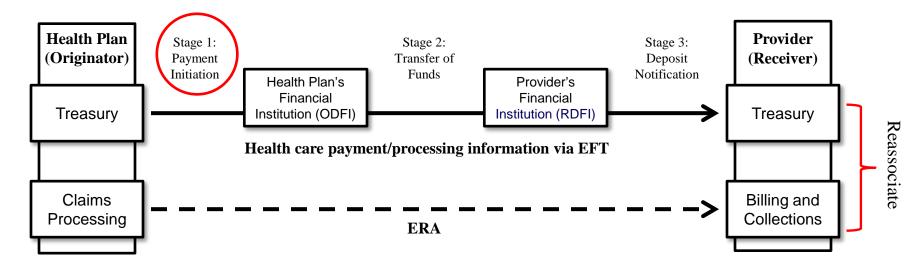| Participant	Role	Role and Responsibility
Health Plan	**Originator**	• Maintains relationship with the receiver (Provider) • Maintains record of authorization for entry • Assigns entry type to each entry (debit or credit and SEC code) Transmits entry information to the ODFI
Health Plan's Financial Institution	**Originating Depository Financial Institution (ODFI)**	• Initiates all payments into the network • Secures contractual relationship with originator and ACH operator • Maintains responsibility for all entries • Warrants entry is authorized and contains correct data
• Federal Reserve **• Electronic Payments Network (EPN)**	**ACH Operators**	• Maintains contractual relationship with ODFI and RDFI • Receives entries from ODFI and transmits entries to RDFI
Provider	**Receiver**	• Maintains relationship with originator • Maintains a checking/savings account at the RDFI
Provider's Financial Institution	**Receiving Depository Financial Institution (RDFI)**	• Maintains contractual relationship with receiver • Credits or debits receiver's account according to entry • Provides re-association TRN segment to physician practice

Healthcare Payment Chain

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

The CCD+ and ERA are generally not sent on the same day. CAQH CORE operating rules establish max timeframe for distribution.

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Healthcare EFT Standard:
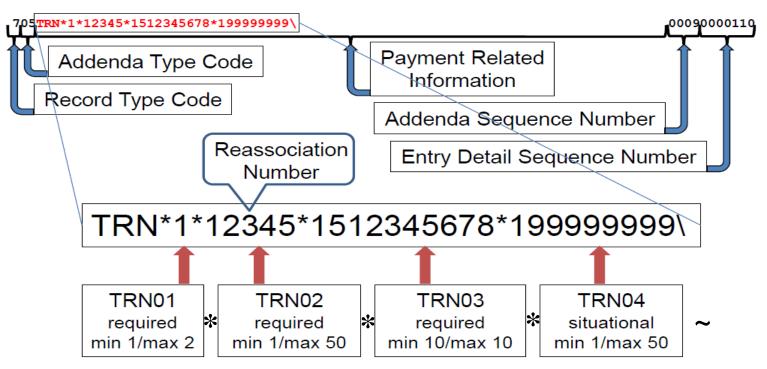## *Final Rule Requirement Highlights*

- Divides the healthcare EFT payment flow into three stages
  - Stage 1: Payment Initiation
  - Stage 2: Transfer of Funds
  - Stage 3: Deposit Notification
- Mandates NACHA CCD+Addenda for Stage 1: Payment Initiation
- Assumes that dollars and data move separately but can be linked via a reassociation number

Healthcare EFT Standard CCD+ Addenda:
Rule Requirements

- The CCD+Addenda must contain the TRN Reassociation Trace Number data segment as defined by X12 835 TR3 version 5010 (Implementation Guide)

Changes to the *NACHA Operating Rules* to Align with Healthcare

- Details within the *NACHA Operating Rules* and CCD+ Standard are being refined to align with Healthcare Operating Rules
  - Changes must be implemented by September 20,2013

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

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Health Plans: Getting Started with the Healthcare EFT Standard

- **If your health plan is new to using the CCD+ over the ACH Network:**
  - Contact your financial institutions about ACH Origination
    - Understand responsibilities and liabilities of ACH Origination
    - Formatting CCD+Addenda files
  - Establish an EFT enrollment process that is compliant with the CAQH CORE 380 EFT Enrollment Data Rule
  - Inform providers enrolling in EFT to contact their financial institutions to receive the TRN Reassociation Trace Number by requesting the CORE-required Minimum CCD+ Reassociation Data Elements (*Banks are not required to report*)

- **If your health plan is currently sending ACH payments:**
  - Review changes to the *NACHA Operating Rules* for healthcare EFT transactions and make sure changes are implemented no later than September 20, 2013
  - Review EFT enrollment process to ensure compliance with EFT Enrollment Operating Rule
  - Inform providers enrolling in EFT to contact their financial institutions to receive the TRN Reassociation Trace Number by requesting the CORE-required Minimum CCD+ Reassociation Data Elements (*Banks are not required to report*)
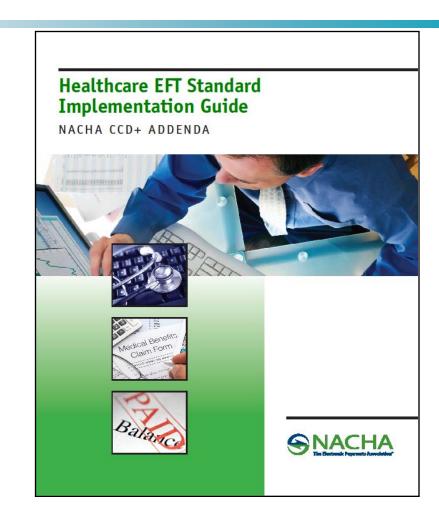
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EFT Standard Specifications Unique to Healthcare

- Health Plans must ensure they do the following when using the CCD+ for healthcare payments:
  - ✓ Clearly identify CCD entries that are healthcare EFT transactions by populating the Company Entry Description field (field 7 of the Batch Header Record) with "HCCLAIMPMT"
  - ✓ Ensure that the Company name field (field 3 of the Batch Header Record) is populated with the name of the health plan or third-party administrator that is recognized by the healthcare provider and the party to which the provider submits its claims
  - ✓ Ensure that each health care EFT transaction includes one addenda record and that the Payment-Related Information field (Field 3 of the CCD Addenda Record) contains the ANSI ASC X12 835 version 5010 TRN Reassociation Trace Number data segment
    - The data segment terminator for the TRN Reassociation Trace Number can be either the backslash "\" or the tilde "~"
  - ✓ Encourage providers to contact their financial institutions to receive the TRN Reassociation Trace Number by requesting the CORE-required Minimum CCD+ Reassociation Data Elements (*Banks are not required to report*)

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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

Polling Question #3:
EFT & ERA Implementation Challenges

Which CAQH CORE EFT & ERA Operating Rule does your organization anticipate requiring the greatest amount of resources to implement?

1. CAQH CORE 350 Health Care Claim Payment/Advice (835) Infrastructure Rule

2. CAQH CORE 360 Uniform Use of CARCs and RARCs (835) Rule

3. CAQH CORE 370 EFT & ERA Reassociation (CCD+/835) Rule

4. CAQH CORE 380/382 EFT & ERA Enrollment Data Rules

5. Not applicable (not a HIPAA covered entity)

EFT & ERA Operating Rules:
Implementing Mandated Operating Rules

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

<table>
<tr><th colspan="2">Rule</th><th>High-Level Requirements</th></tr>
<tr>
<td rowspan="1">Data Content</td>
<td>Uniform Use of CARCs and RARCs (835) Rule
Claim Adjustment Reason Code (CARC)
Remittance Advice Remark Code (RARC)</td>
<td>• Identifies a <u>minimum</u> set of four CAQH CORE-defined Business Scenarios with a <u>maximum</u> set of CAQH CORE-required code combinations that can be applied to convey details of the claim denial or payment to the provider</td>
</tr>
<tr>
<td rowspan="3">Infrastructure</td>
<td>EFT Enrollment Data Rule</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>
</tr>
<tr>
<td>ERA Enrollment Data Rule</td>
<td>• Similar to EFT Enrollment Data Rule</td>
</tr>
<tr>
<td>EFT & ERA Reassociation (CCD+/835) Rule</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 NACHA Operating Rules for financial institutions</td>
</tr>
<tr>
<td></td>
<td>Health Care Claim Payment/Advice (835) Infrastructure Rule</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>
</tr>
</table>

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

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EFT & ERA Enrollment Data Rules:
Key Rule Requirements

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

    - Offer an electronic way for provider to **complete and submit** the EFT enrollment
    - Collect only the CORE-required Maximum EFT Enrollment Data Set; includes some optional data elements
    - Use the format, flow, and data element descriptions without modification in the EFT Enrollment Data Set
    - Make available to the provider (or its agent) specific written instructions/guidance to the provider for enrollment and the specific procedure to accomplish a change in/cancellation of their enrollment
    - Additional requirements specific to electronic and paper-based enrollment noted in the rule

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EFT & ERA Reassociation (CCD+/835) Rule:
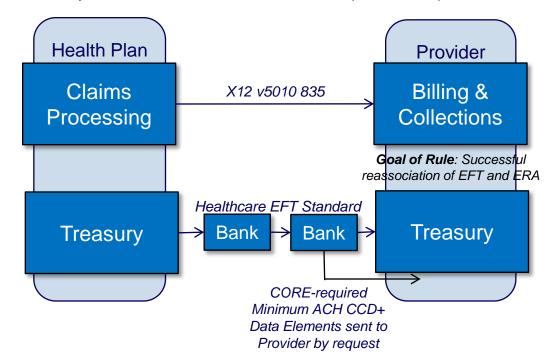## *Three Key Rule Requirements*

Pre- Payment: Provider Enrollment

(1) CORE-required Minimum CCD+ Reassociation Data Elements:

- Health plan must inform provider during enrollment to contact bank for the delivery of CORE-required Minimum CCD+ Reassociation Data Elements (*banks not required to report*)
- Provider must proactively contact bank for data
- NOTE: The CAQH CORE EFT & ERA Enrollment Data Rules contain complementary requirements

Claims Payment Process

(2) Elapsed Time Requirements:
Health plan must release the 835 no sooner than three business days before and no later than three business days after the CCD+ Effective Entry Date 90% of time and track/audit this elapsed time requirement

Goal of Rule: Successful reassociation of EFT and ERA

CORE-required Minimum ACH CCD+ Data Elements sent to Provider by request

(3) Resolving Late/Missing EFTs/ERAs:
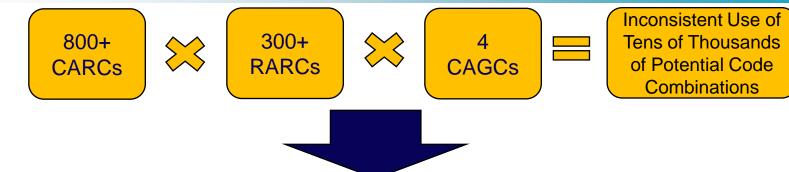Health plan must establish written Late/Missing EFT and ERA Transactions Resolution Procedures

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CORE-required Minimum CCD+ Reassociation Data Elements

Focus of Rule			Informational Only	
CORE-required Minimum CCD+ Reassociation Data Elements			Corresponding v5010 X12 835 Data Elements	
CCD+ Record #	Field #	Field Name (See §6 Glossary for Definition of these Terms)	Data Element Segment Position, Number & Name	
5	9	Effective Entry Date	BPR16-373 Date (EFT Effective Date)	
6	6	Amount	BPR02-782 Monetary Amount (Total Actual Provider Payment Amount)	
7	3	Payment Related Information	TRN Reassociation Trace Number Segment, specifically data elements:	
			• TRN01-481 Trace Type Code	Required
			• TRN02-127 Reference Identification (EFT Trace Number)	Required
			• TRN03-509 Originating Company Identifier (Payer Identifier)	Required
			• TRN04-127 Reference Identification (Originating Company Supplemental Code)	Situational

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Example: *CAQH CORE Uniform Use of CARCs and RARCs Rule - Four Business Scenarios*

Pre CORE Rules

800+ CARCs ✕ 300+ RARCs ✕ 4 CAGCs = Inconsistent Use of Tens of Thousands of Potential Code Combinations

Post CORE Rules

Four Common Business Scenarios

CORE Business Scenario #1:	CORE Business Scenario #2:	CORE Business Scenario #3:	CORE Business Scenario #4:
Additional Information Required – Missing/Invalid/ Incomplete Documentation (≈470 code combos)	Additional Information Required – Missing/Invalid/ Incomplete Data from Submitted Claim (≈300 code combos)	Billed Service Not Covered by Health Plan (≈330 code combos)	Benefit for Billed Service Not Separately Payable (≈30 code combos)

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

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CAQH CORE Code Combinations Maintenance Process

- A CAQH CORE Code Combinations Task Group will convene three times per year to review the CORE-required Code Combinations for CORE-defined Business Scenarios

- Two types of review and adjustment to the CORE Code Combinations including:

Compliance-based Review & Adjustment

- **Goal**: Ensure ongoing alignment of CORE-required Code Combinations for CORE-defined Business Scenarios and the code sets

- **Frequency:** Occurs three times/year via Task Group

- **Scope**: Only considers updates to the CARC and RARC lists published (occurs three or more times per year) since the last update to the CORE Code Combinations as required by the CAQH CORE Rule 360

- Per CMS OESS, Compliance-based Adjustments will be *immediately recognized under HIPAA* given that CAQH CORE Rule 360 requires that publications from code authors be addressed

Market-based Review & Adjustment

- **Goal:** Address ongoing and evolving industry business needs

- **Frequency:** Occurs once per year during last Task Group convening

- **Scope:** Considers *industry submissions* based on real world usage data and/or a strong business case addressing:

  - Adjustments to the *existing* CORE-required Code Combinations for *existing* CORE-defined Business Scenarios

  - Addition of *new* CORE-defined Business Scenarios and associated code combinations

- Per CMS OESS, Market-based Adjustments will be recognized via a future and evolving Federal CMS OESS HIPAA requirement update process

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Health Care Claim Payment/Advice (835) Infrastructure Rule: Key Rule Requirements

Connectivity

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

Companion Guide

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

Dual Delivery

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

Batch Acknowledgements[1]

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

[1] NOTE: CMS-0028-IFC does not adopt the Batch Acknowledgement Requirements in Section 4.2 of CAQH CORE Rule 350, as the Secretary has not yet adopted HIPAA standards for acknowledgements.

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CAQH CORE EFT & ERA Operating Rule Tools Available for Each Stage of Implementation

- ***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

- ***Integration/Testing***
  - *Coming Soon for EFT & ERA:* HIPAA covered entities can quickly communicate their organization's readiness to testing their conformance with trading partners by adding their company information to the CORE Partner Testing page of the CAQH website

- ***Deployment/Maintenance***
  - *Coming Soon for EFT & ERA: Voluntary* CORE Certification Test Site for conformance testing of the EFT & ERA Operating Rules; jointly offered by CAQH CORE-authorized testing entity Edifecs
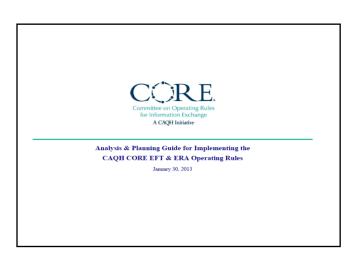
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EFT & ERA Operating Rules FAQs:
Examples

Q: If we already offer ERA enrollment electronically, must we also implement a paper process?

A: No. The CAQH CORE 382 Rule, Section 4.5 specifies that "*If a health plan or its agent does not use a paper-based manual method and process to collect the CORE-required Maximum ERA Enrollment Data Set as of the compliance date specified in any Federal regulation adopting this CORE Rule, it is not required by this rule to implement a paper-based manual process on or after the compliance date.*"

Q: Does my health plan have to support CORE-required Code Combinations that are not applicable to our business needs?

A: No. If a health plan does not have a business requirement to use a specific combination(s) within the maximum CORE-required code combinations set for each CORE-required Business Scenario, the CAQH CORE 360: Uniform Use of CARCs and RARCs (835) Rule does not require the health plan, or its PBM agent, to implement the code combination(s). CAQH CORE 360 Rule, Section 4.1.3, *Use of CORE-required CARC/RARC/CAGC/NCPDP Reject Code Combinations*, specifies that: "*When specific CORE-required CARC/RARC/CAGC or CARC/NCPDP Reject Code/CAGC combinations are not applicable to meet the health plan's or its PBM agent's business requirements within the CORE-defined Business Scenarios, the health plan and its PBM agent is not required to use them.*"

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CAQH CORE Analysis & Planning Guide:
EFT & ERA Operating Rules

- The new [Analysis and Planning Guide](#) provides guidance for Project Managers, Business Analysts, System Analysts, Architects, and other project staff to complete systems analysis and planning for implementation of the CAQH CORE EFT & ERA Operating Rules

- Guide should be used by project staff to:

  - Understand applicability of the CAQH CORE Operating Rule requirements to organization's systems and processes that conduct the EFT and ERA transactions

  - Identify all impacted external and internal systems and outsourced vendors that process EFT & ERA transactions

  - Conduct detailed rule requirements gap analysis to identify system(s) that may require remediation and business processes which may be impacted

- The guide includes three tools to assist entities in completing analysis and planning:

  - Stakeholder & Business Type Evaluation

  - Systems Inventory & Impact Assessment Worksheet

  - Gap Analysis Worksheet

Q&A:

ACA Mandate and Compliance

Please submit your question:
- <u>By Phone</u>: Press * followed by the number one (1) on your keypad
- <u>Via the Web</u>: Enter your question into the Q&A pane in the lower right hand corner of your screen

Q&A:

NACHA, the EFT Standard

and the ACH Network

Please submit your question:
- <u>By Phone</u>: Press * followed by the number one (1) on your keypad
- <u>Via the Web</u>: Enter your question into the Q&A pane in the lower right hand corner of your screen

Q&A:

CAQH CORE EFT & ERA

Operating Rules

Please submit your question:
- <u>By Phone</u>: Press * followed by the number one (1) on your keypad
- <u>Via the Web</u>: Enter your question into the Q&A pane in the lower right hand corner of your screen

Thank You!

Upcoming CAQH CORE Education Events

- Participate in CAQH CORE's Public Town Hall Call on May 21, 2013 from 3:00 pm to 4:00 PM ET

- Join us for a _free_ CAQH CORE webinar
  - "_Save the Dates"_ for a series of joint CAQH CORE and Edifecs _voluntary_ EFT & ERA CORE Certification education sessions
    - Tuesday, May 7, 2013 from 1:00 pm - 2:00 pm ET
    - Monday, June 10, 2013 from 1:00 pm – 2:00 pm ET

- Hear More about Operating Rules at an industry event
  - NACHA: Payments 2013, April 21 – April 24
  - Annual WEDI National Conference, May 13 – May 16

- Visit the CORE Education Events page of the CAQH website
  - Access _free_ recordings of previous education events & stay informed of upcoming joint webinars with key partners such as NACHA, ASC X12, vendors and provider associations
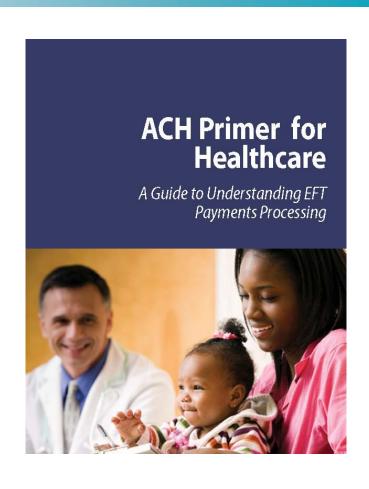
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CORE™
Committee on Operating Rules
for Information Exchange
A CAQH Initiative

Implementation Resources and Tools

ACH Primer for Healthcare (Revised 04/2013)

- Introduction to ACH
- ACH Network, participants and transaction flow
- Benefits of moving to EFT
- Changes to the *NACHA Operating Rules* to support healthcare EFT transactions
- Comparing EFT payment options
- https://healthcare.nacha.org/ACHprimer

ACH Primer for Healthcare

A Guide to Understanding EFT Payments Processing

NACHA
The Electronic Payments Association®

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).
  - http://healthcare.nacha.org/

- ## Healthcare EFT Standard Information
  - Located within the healthcare industry tab of the above website, specific information can be found on the healthcare EFT standard.
  - http://healthcare.nacha.org/

- ## Healthcare Payments Resource Guide
  - Publication designed to help financial institutions in implementing healthcare solutions. It give the reader a basic understanding of the complexities of the healthcare industry, identify key terms, review recent healthcare legislation, and discuss potential impacts on the financial services industry.
  - Order from the NACHA eStore "Healthcare Payments" section: www.nacha.org/estore.

- ## 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.
  - https://healthcare.nacha.org/ACHprimer

- ## Ongoing Education and Webinars
  - Check the Healthcare Payments Resource Website for "Events and Education"