EFT/ERA Enrollment Data Task Group

Call #1

August 15, 2023

Agenda

1. Welcome, <u>Antitrust Guidelines</u>, and Roll Call

2. Task Group Level Set
    –   CORE Overview
    –   Scope, Goals, and Timeline
    –   Participation Expectations

3. Background & Overview of Opportunity Areas
    –   Background
    –   Enhancements to Data Sets
    –   Flexible Data Sets
    –   Fraud Detection
    –   Bulk Enrollment
    –   Notification of Enrollment, Disenrollment, or Updates

4. Next Steps
    –   Straw Poll #1 open from August 22nd - September 5th
    –   Next Call on Tuesday, September 19th from 1:00-2:00 pm

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CORE Participant Dashboard

The **CORE Participant Dashboard** is a comprehensive resource for CORE Participants to access Task Group information and any CORE Participant resources and events.

- The dashboard is accessible only to CORE Participants.

- Participants can view the groups they are currently involved in and add themselves to new groups.

- Participants can view upcoming events, documents, announcements, and group member information.

- Email core@caqh.org if you need a login.

Task Group Level Set

CORE Mission & Vision

Mission

Drive the creation and adoption of healthcare operating rules that **support standards, accelerate interoperability, and align administrative and clinical activities** among providers, payers, and consumers.

Vision

An **industry-wide facilitator** of a trusted, simple, and sustainable healthcare data exchange that evolves and aligns with market needs.

Identify Needs → **Convene Industry** → **Develop, Test & Iterate** → **Deploy** → **Drive Adoption** → **Measure Impact**

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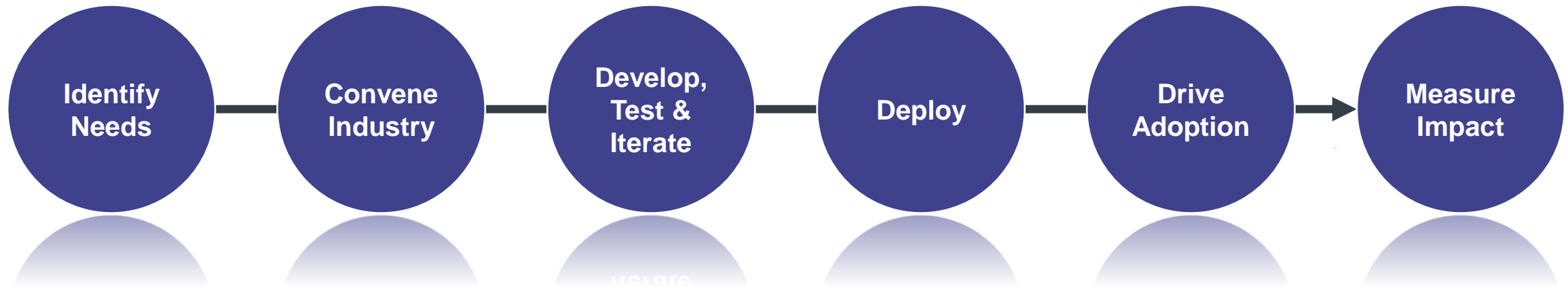
Operating Rule Overview
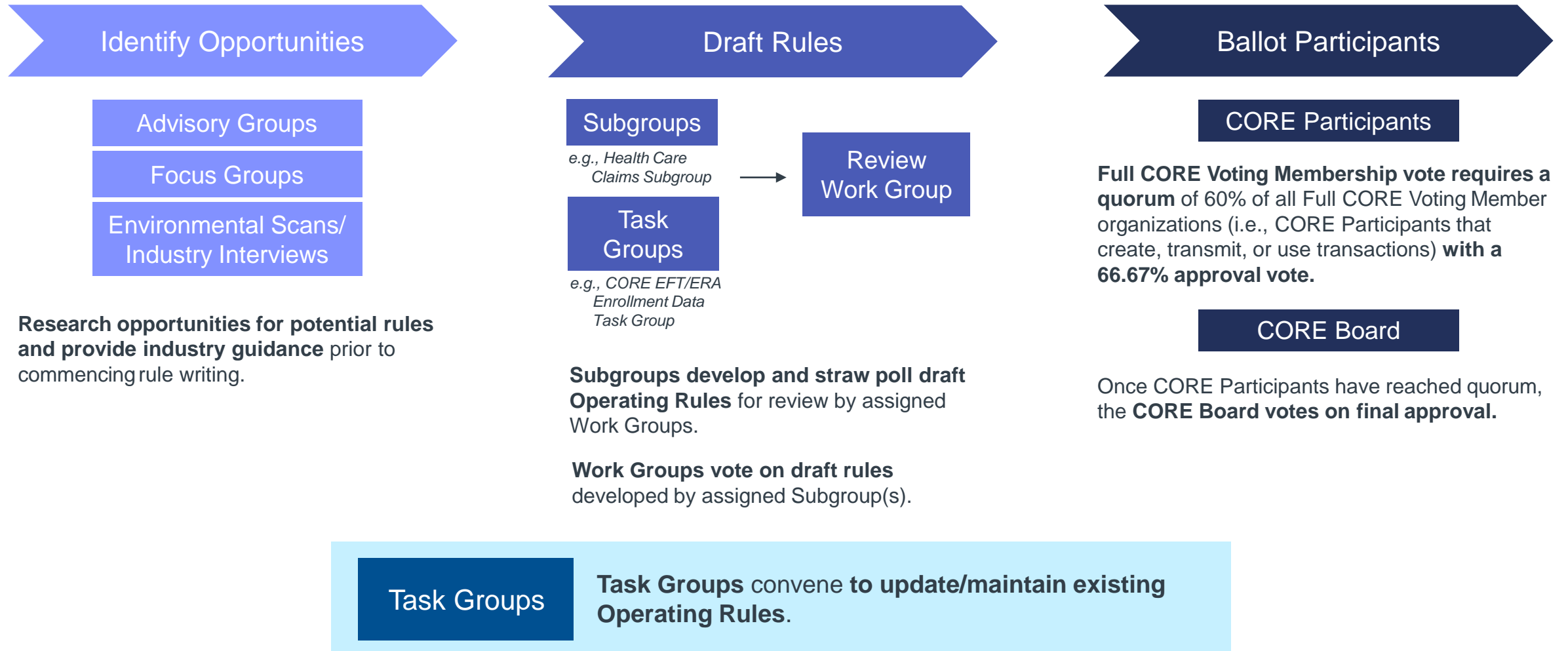## Published and In-Development

Rule Set	Infrastructure	Connectivity	Data Content	Other	
Eligibility & Benefits	Eligibility (270/271) Infrastructure Rule*	Connectivity Rule vC1.1.0 Connectivity Rule vC2.2.0	Eligibility (270/271) Data Content Rule*	Single Patient Attribution Data Rule*	
Claim Status	Claim Status (276/277) Infrastructure Rule*	Connectivity Rule vC2.2.0			
Payment & Remittance	Claim Payment/Advice (835) Infrastructure Rule*		EFT/ERA (835/CCD+) Reassociation Rule	EFT/ERA Enrollment Data Rules	Uniform Use of CARCs and RARCs (835) Rule
Prior Authorization & Referrals	Prior Authorization (278) Infrastructure Rule		Prior Authorization (278) Data Content Rule	Prior Authorization Web Portal Rule	Attachments Prior Authorization Rules
Health Care Claims	Health Care Claim (837) Infrastructure Rule	Connectivity Rule vC4.0.0*	Health Care Claims Data Content Rule		Attachments Health Care Claims Rules
Attributed Patient Roster	Attributed Patient Roster (834) Infrastructure Rule		Attributed Patient Roster (834) Data Content Rule		
Benefit Enrollment	Benefit Enrollment (834) Infrastructure Rule		Benefit Enrollment (834) Data Content Rule		
Premium Payment	Premium Payment (820) Infrastructure Rule				
Value-based Payments					

Rules in blue boxes are currently federally mandated.
Rules in purple boxes are currently under development.
*Updated/new rule was recommended for federal mandate by NCVHS in June 2023.
Note: Connectivity Rule vC4.0.0 can be used to support all rule sets for CORE Certification.

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Operating Rule Development Process

Identify Opportunities

Advisory Groups

Focus Groups

Environmental Scans/ Industry Interviews

Research opportunities for potential rules and provide industry guidance prior to commencing rule writing.

Draft Rules

Subgroups

e.g., Health Care Claims Subgroup

Task Groups

e.g., CORE EFT/ERA Enrollment Data Task Group

Review Work Group

Subgroups develop and straw poll draft Operating Rules for review by assigned Work Groups.

Work Groups vote on draft rules developed by assigned Subgroup(s).

Ballot Participants

CORE Participants

Full CORE Voting Membership vote requires a quorum of 60% of all Full CORE Voting Member organizations (i.e., CORE Participants that create, transmit, or use transactions) **with a 66.67% approval vote.**

CORE Board

Once CORE Participants have reached quorum, the **CORE Board votes on final approval.**

Task Groups

Task Groups convene **to update/maintain existing Operating Rules**.
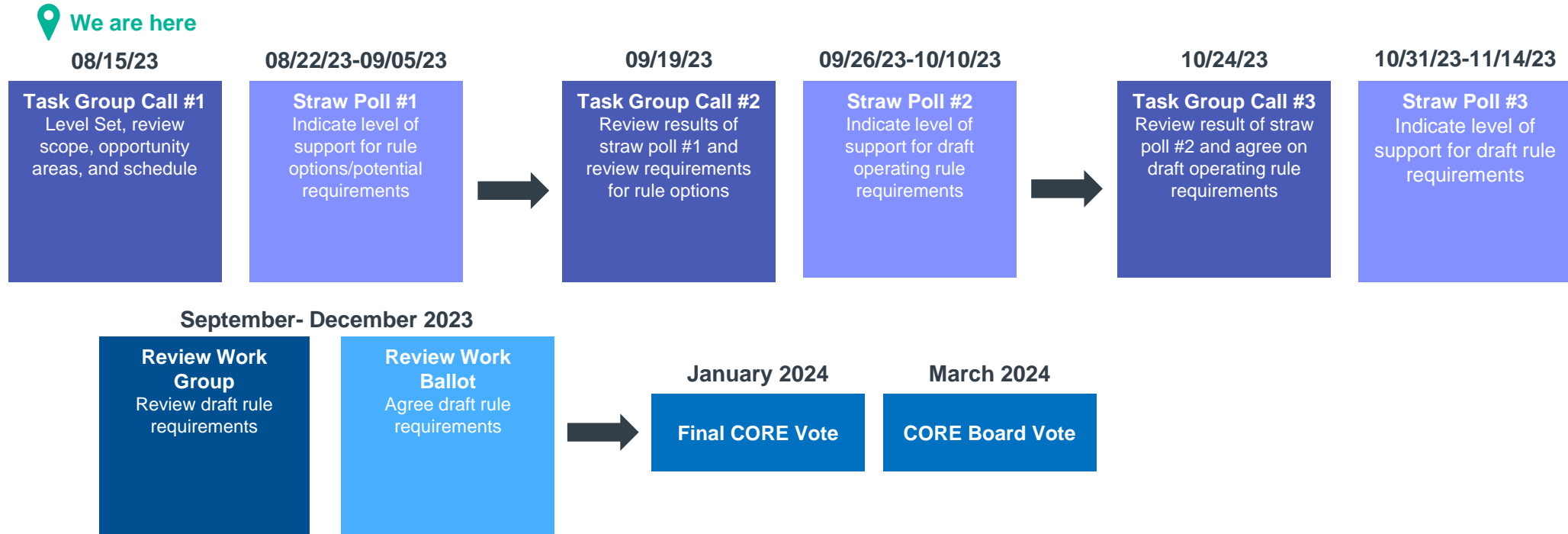
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Scope, Goals, and Timeline

Goal: Update the EFT & ERA Enrollment Data rules to meet current business and security needs, including streamlining workflows, detecting fraud, and simplifying provider enrollment in EFT/ERA.

Scope: CORE EFT & ERA Enrollment Data Rules

Timeline:

📍 **We are here**

08/15/23	08/22/23-09/05/23	09/19/23	09/26/23-10/10/23	10/24/23	10/31/23-11/14/23
Task Group Call #1 Level Set, review scope, opportunity areas, and schedule	**Straw Poll #1** Indicate level of support for rule options/potential requirements	**Task Group Call #2** Review results of straw poll #1 and review requirements for rule options	**Straw Poll #2** Indicate level of support for draft operating rule requirements	**Task Group Call #3** Review result of straw poll #2 and agree on draft operating rule requirements	**Straw Poll #3** Indicate level of support for draft rule requirements

September- December 2023

Review Work Group	Review Work Ballot	January 2024	March 2024
Review Work Group Review draft rule requirements	**Review Work Ballot** Agree draft rule requirements	**Final CORE Vote**	**CORE Board Vote**

Timeline is subject to adjustments based on task group needs.

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Task Group Co-Chairs
Representation across health plan, provider, and vendor/clearinghouse stakeholders

Kiana Fitchett
Horizon Blue Cross Blue
Shield of New Jersey

Erica Martin
American Medical Association

Zach VanTrieste
JP Morgan Healthcare Payments

66 participants from 36 organizations

Participant Expectations

- **Become familiar with CORE's EFT & ERA Enrollment Data work and processes, including:**
  - CORE Payment & Remittance EFT Enrollment Data Rule, CORE Payment & Remittance ERA Enrollment Data Rule, Mandated Operating Rules, as well as others.
- **Attend and actively participate in calls.**
  - Read materials ahead of time whenever possible.
    - CORE staff assist Task Group Co-chairs with drafting call documents and ensure they are made available on the CORE Participant Dashboard.
    - Call summaries are created after each call and approved by the participants.
- **Participate in straw polls and cast votes, as appropriate.**
  - Participating organizations may have any number of participants in the Task Group, but each organization has only <u>one</u> vote on straw polls and ballots.
- **Work with your organization's subject matter experts (SMEs), as appropriate. SMEs should have:**
  - Knowledge of their organization's capabilities with respect to EFT & ERA processes.
  - Understanding of how the potential updates to EFT & ERA enrollment data would impact their organization and the industry, both in terms of feasibility to implement and value.
- **Provide regular updates on Task Group's progress to Executive Sponsors.**
  - SMEs should regularly update their Executive Sponsors on the Task Group's progress to ensure larger organization buy-in of the drafted attachment operating rule requirements and commitment to implementation.

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Background

> **The CORE EFT & ERA Enrollment Data Rules** address barriers that prevent healthcare providers from enrolling in electronic funds transfer (EFT) and electronic remittance advice (ERA) due to the variance in the required processes and data elements. The rule establishes a maximum set of standard data elements (CORE-required Maximum EFT & ERA Enrollment Data Sets), a clear flow and format for electronic data collection, and other essential requirements.

CAQH CORE Payment & Remittance ERA
Enrollment Data Rule
Version PR.1.0 May 2020

CAQH CORE Payment & Remittance
EFT Enrollment Data Rule
Version PR.1.0 May 2020

- Maximum Enrollment Data Sets were developed based on extensive research of online/paper forms and extensive dialogue from a range of health plans, clearinghouses, etc. to support individual provider and group enrollment.

- Rules do not preclude health plans or their agents from:
    - Adding capabilities to the electronic enrollment method designed to improve functionality and ensure data integrity and comprehensiveness.
    - Collecting additional data elements in locations beyond the enrollment form for other purposes beyond EFT/ERA enrollment, e.g., routing enrollment data, username/password.

- Rules include direct recognition that experience and learning gained from increased EFT/ERA enrollment may identify ways in which the maximum data sets need to be modified to:
    - Meet emerging, new, or changing industry needs.
    - Business rationale to add/remove data elements, sub-elements, and/or Data Element Groups (DEGs).

EFT & ERA Enrollment Data Rules
Maximum Enrollment Data Sets

CORE-required Maximum EFT Enrollment Data Elements

- DEG1: Provider Information
- DEG2: Provider Identifiers Information
- DEG3: Provider Contact Information
- DEG4: Provider Agent Information
- DEG5: Federal Agency Information
- DEG6: Retail Pharmacy Information
- DEG7: Financial Institution Information
- DEG8: Submission Information

CORE-required Maximum ERA Enrollment Data Elements

- DEG1: Provider Information
- DEG2: Provider Identifiers Information
- DEG3: Provider Contact Information
- DEG4: Provider Agent Information
- DEG5: Federal Agency Information
- DEG6: Retail Pharmacy Information
- DEG7: Electronic Remittance Advice Information
- DEG8: Electronic Remittance Advice Clearinghouse Information
- DEG9: Electronic Remittance Advice Vendor Information
- DEG10: Submission Information

Example Data Set

Individual Data Element Name (Term)	Sub-element Name (Term)	Data Element Description	Data Type and Format (Not all data elements require a format specification)	Data Element Requirement for Health Plan Collection (Required/ Optional for plan to collect)	Data Element Group Number (DEG#)
PROVIDER INFORMATION (Data Element Group 1 is a Required DEG)					
Provider Name		Complete legal name of institution, corporate entity, practice or individual provider	Alphanumeric	Required	DEG1
Provider Address				Optional	DEG1
	Street	The number and street name where a person or organization can be found	Alphanumeric	Required	DEG1
	City	City associated with provider address field	Alphanumeric	Required	DEG1
	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country	Alpha	Required	DEG1
	ZIP Code/ Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities	Alphanumeric, 15 characters	Required	DEG1
	Country Code	ISO-3166-1 Country Code	Alphanumeric, 2 characters	Optional	DEG1

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EFT & ERA Enrollment Data Rules
Maintenance Requirements

Rule Section 3.4: CORE Process for Maintaining CORE-required Maximum Enrollment Data Set

- The EFT & ERA Enrollment Data Rules recognize the need for ongoing maintenance of the CORE-required Maximum EFT & ERA Enrollment Data Sets and require the establishment of a policy and process to review the Enrollment Data Sets no less than annually.
- Any substantive changes are reviewed and approved by CORE Participants.
- To date, no substantive changes have been made to the data sets.
  - Minor adjustments were made in 2014 to improve usability and in 2020 to support CORE's re-organization of operating rules.

Enrollment Data Sets Maintenance Process Recognized by CMS/HHS	Non-Data Set Adjustments Requires New Federal Regulation
• The EFT & ERA Enrollment Data Rules are adopted by federal regulation and CMS recognizes the Enrollment Data Sets will be updated via maintenance. • Any updates to the data sets will be recognized under HIPAA and do not require a new federal regulation.	• The Maintenance Process is explicitly scoped to the Enrollment Data Sets. • Any substantive revisions/updates to EFT & ERA Enrollment Data Rules beyond the data sets require recognition via the federal rule making process.

Changes under consideration by the Task Group may require new federal regulation for entities to implement the updates and stay in compliance with the regulations.
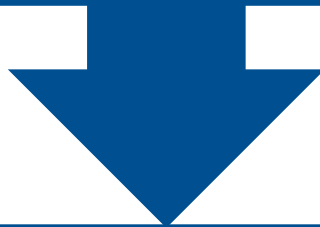
Opportunity Areas

Enhancement to Data Sets
Opportunity Areas

In 2022, **CORE received requests from industry consider improving the EFT/ERA enrollment process**.

Stakeholders requested that CORE make substantive adjustments to the enrollment data sets to **improve the ability to detect fraud and support streamlined workflows**.

CMS requested that CORE **explore opportunities related to alternative payment methods** and making EFT/ERA enrollment easier for providers.

In response to these requests, **CORE conducted industry interviews in Q2 2023 to evaluate current and emerging business needs** to improve EFT/ERA enrollment. The interviews identified five opportunity areas for Task Group consideration as part of the rule update.

Opportunity Areas

1. **Enhancement to Data Sets**: Revise and improve data element groups and elements.
2. **Flexible Data Sets**: Enable flexible arrangement and externalization of data sets.
3. **Fraud Detection**: Strengthen fraud detection capabilities through the addition of new data elements.
4. **Bulk Enrollment**: Facilitate efficient enrollment across multiple entities.
5. **Notification of Enrollment, Disenrollment, or Updates:** Establish clear requirements for notifying providers of enrollment, disenrollment, or updates.

Task Group participants will have the opportunity to submit other opportunity areas to enhance the rules.

Enhancement to Data Sets
Task Group Opportunity Area #1

Background: The accuracy and efficiency of data sets used in EFT and ERA enrollment play a vital role in seamless operations and financial transactions within the healthcare ecosystem. However, the current data enrollment groups (DEGs) and data elements may not fully meet the evolving needs of stakeholders. This presents an opportunity to make impactful modifications and optimize the data sets for improved outcomes.

Goal: To enhance the accuracy, relevance, and efficiency of data sets to meet the diverse requirements of stakeholders involved in EFT and ERA enrollment processes.

Rule Options	Examples
1. Refine Data Enrollment Groups • Evaluate the existing DEGs and assess the necessity and applicability of data elements. • Identify optional data elements that could be made required to ensure comprehensive information. • Determine if any mandatory data elements can be made optional to streamline the enrollment process and reduce burden.	Change the "Provider Contact Information" DEG's optional field for email address to a required field, ensuring efficient communication channels for important notifications.
2. Add or Remove Data Elements • Analyze the data elements within each DEG and their alignment with current industry practices. • Remove outdated or redundant data elements that no longer serve a meaningful purpose. • Introduce new data elements that address emerging requirements and capture essential information accurately.	Remove the "Provider Fax Number" data element from the "Provider Communication Details" DEG as it is no longer widely used, streamlining the enrollment process.

Benefits:
1. **Enhanced Accuracy**: By refining data sets, errors stemming from incomplete or irrelevant information can be significantly reduced, improving overall accuracy.
2. **Streamlined Processes**: Making appropriate data elements required or optional can streamline the enrollment process, minimizing unnecessary administrative burdens and delays.
3. **Relevance and Compliance**: Regular updates to data sets ensure alignment with evolving industry standards and regulatory requirements.

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Flexible Data Sets
Task Group Opportunity Area #2

Background: The rigid sequence/ordering of DEGs and the lack of externalization options can make it difficult to customize and maintain data sets. This opportunity area aims to enhance the flexibility of the data set structure, enabling seamless adaptability and simplified management.

Goal: To introduce greater flexibility in the arrangement and organization of data enrollment groups, empowering stakeholders with customizable data sets while facilitating convenient maintenance processes.

Rule Options	Examples
1. Adjust Sequence/Ordering of DEGs • Conduct an evaluation of the existing sequence/ordering of DEGs to identify potential constraints and limitations. • Introduce flexible arrangements, allowing stakeholders to customize the sequence/ordering of DEGs based on their unique operational requirements and preferences.	Introduce flexible arrangements that would enable stakeholders to customize the ordering of DEGs based on their unique operational requirements or preferences.
2. Externalize Data Enrollment Sets from Operating Rule • Separate Enrollment Data Sets from the Operating Rules. • Establish an external data set for DEGs, providing a separate and easily maintainable structure to accommodate specific customization needs.	Externalize the Enrollment Data Sets from the Operating Rules, similar to CORE Code Combinations for the CORE Payment & Remittance Uniform Use of CARCs and RARCs (835) Rule.

Benefits:
1. **Dynamic Sequencing**: The flexibility in arranging DEGs empowers stakeholders to tailor the data set sequence, aligning it seamlessly with their operational workflows. This streamlines processes and enhances efficiency.
2. **Simplified Maintenance**: Externalizing data sets outside the rule framework simplifies data set management. Modifying and updating the external data set becomes more convenient, without extensive considerations for CORE rule compliance.
3. **Scalability & Adaptability**: Introducing flexibility allows the data set to adapt to evolving industry requirements and technological advancements, ensuring scalability and agility for future needs.

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Fraud Detection
Task Group Opportunity Area #3

Background: Fraud is a major problem in the healthcare industry, and it can cost billions of dollars each year. This opportunity area focuses on strengthening fraud detection capabilities within the data sets by introducing new data element groups and elements that effectively identify and mitigate fraudulent activities.

Goal: To enhance fraud detection capabilities by incorporating new data element groups and/or data elements into the existing data sets.

Rule Options	Examples
1. Determine Required Data for Fraud Detection • Collaborate with stakeholders to identify the essential data elements necessary for effective fraud detection. • Evaluate the feasibility and practicality of each data element and determine whether it should be mandatory or optional for robust fraud detection processes.	Add a "Secondary Address" data element as part of the "Address" data element or add new data elements to collect information about the bank account owner.

Benefits:
1. **Enhanced Fraud Detection**: The incorporation of new data element groups and elements dedicated to fraud detection significantly strengthens the ability to identify and prevent fraudulent activities within healthcare financial transactions.
2. **Proactive Risk Mitigation**: By capturing and analyzing relevant data elements, healthcare organizations can proactively identify potential fraud indicators, enabling timely intervention and effective risk management.
3. **Compliance and Trust**: Strengthening fraud detection measures instills confidence in stakeholders, demonstrating a commitment to data integrity, security, and regulatory compliance.

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Bulk Enrollment
Task Group Opportunity Area #4

Background: The current enrollment process for multiple entities in healthcare transactions can be time-consuming and inefficient. This opportunity area focuses on improving bulk enrollment capabilities within the data sets by introducing new data element groups or elements specifically designed to support efficient bulk enrollment.

Goal: To enhance the data sets to facilitate seamless bulk enrollment by incorporating new data element groups or elements.

Rule Options	Examples
1. Determine Necessary Data for Bulk Enrollment • Collaborate with stakeholders determine the essential data elements required for effective bulk enrollment. • Assess the existing data sets to identify areas where bulk enrollment capabilities can be enhanced. • Evaluate feasibility and relevance of each data element, considering whether it should be repeatable, mandatory or optional in the bulk enrollment process. • Introduce new data element groups that cater to the unique requirements of bulk enrollment, capturing relevant information for multiple entities efficiently.	Allow for "Provider Information" or "Provider Identifier Information" DEGs to be repeated.

Benefits:
1. **Streamlined Enrollment Process**: By incorporating new data element groups or elements dedicated to bulk enrollment, the process becomes more efficient, allowing for the enrollment of multiple entities in a seamless manner.
2. **Time and Cost Savings**: The enhanced bulk enrollment capabilities reduce manual effort and administrative burdens, resulting in significant time and cost savings for healthcare organizations.
3. **Improved Data Accuracy**: The introduction of specific data elements for bulk enrollment ensures accurate and standardized information, minimizing errors and inconsistencies in the enrollment process.

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Notification of Enrollment, Disenrollment, or Updates
Task Group Opportunity Area #5

Background: Timely and accurate notification of enrollment, disenrollment, or updates is crucial in maintaining transparent and efficient healthcare transactions. This opportunity area focuses on establishing rule requirements for notifications, ensuring stakeholders are informed promptly and clearly.

Goal: To establish clear and concise rules for the timely delivery and confirmation of notifications regarding EFT/ERA enrollment, disenrollment, and updates, as well as policies to encourage the adoption of EFT/ERA.

Rule Options	Examples
1. Establish Confirmation Requirements • Collaborate with stakeholders to determine the necessary components and standards for notifications. • Define the content, format, and delivery methods of notifications to ensure consistency and clarity.	Add a rule requirement for enrollment, disenrollment, and update notifications to enhance transparency and information sharing.
2. Define Timeframe for Notifications • Evaluate industry best practices to establish a reasonable and appropriate timeframe for notification confirmations. • Consider factors such as payment cycles, contractual obligations, and operational considerations to define an optimal timeframe for stakeholders to be notified upon enrollment, disenrollment, or updates.	Define an acceptable timeframe for delivery of notifications (e.g., 2 business days).
3. Policies to Promote EFT/ERA Adoption • Establish policies that encourage providers to opt-in for EFT/ERAs as the preferred method during the enrollment lifecycle.	Require publication of policies that offer clear instructions, present adoption benefits, and provide regular reminders of EFT/ERA if enrollment status changes.

Benefits:
1. **Transparent and Timely Information**: Establish notification confirmation requirements ensures that stakeholders receive prompt and transparent information about the status of their enrollment, promoting trust and accountability.
2. **Improved Financial Planning**: Define timeframes for notifications to enable stakeholders to plan their financial and operational activities accordingly, minimizing disruptions and facilitating smoother transitions.
3. **Compliance and Consistency**: Standardize the content and delivery methods of notifications ensures compliance with industry best practices and enhances consistency across healthcare transactions.
4. **Improved Efficiency and Adoption**: Establish policies that promote EFT/ERA enrollment to encourage providers to embrace these electronic payment methods, resulting in increased adoption rates and streamlined financial processes.

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Next Steps

Next Steps

Compete Straw Poll #1
August 22-September 5
	Objective: Collect each Participating Organization's feedback and level of support across the opportunity areas for rule development.
	
	• Format:
	   – Indicate level of support on five potential rule development opportunity areas:
	      1. Enhancements to Data Sets
	      2. Flexible Data Sets
	      3. Fraud Detection
	      4. Bulk Enrollment
	      5. Notification of Enrollment, Disenrollment, or Updates
	   – Indicate level of support on rule maintenance cycle
	• Note: The form is to be completed by EDTG Participants only; **please coordinate to submit <u>one</u> response for your organization**.

Attend EDTG Call #2 September 19 from 1:00-2:00 pm ET	• Task Group participants will review the results of Straw Poll #1 and agree to draft operating rule requirements for inclusion on Straw Poll #2.

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Exclusive Event: Health Plans, Providers and the Data Revolution

Join us for **CAQH Connect 2023**, an event bringing together healthcare industry experts, thought leaders, and executives from the nation's government, health plans, and industry associations.

Save the Date! September 27-29, 2023, *Westin Georgetown, Washington, D.C.*

Attend our first-ever in-person CORE Participant Forum:

Open to all individuals from CORE Participating Organizations and any individual who is interested in joining CORE the afternoon of September 27th.

Event speakers include current and former CORE Board Members:

Anika Gardenhire
Chief Customer Experience Officer
Centene Corporation

Linda Reed
SVP and Chief Information Officer
St. Joseph's Health

Margaret Schuler
SVP, Practice Support Operations and Revenue Cycle Management
Aspen Dental

Troy Smith
VP, Cost of Care and Value Programs
Blue Cross Blue Shield of North Carolina

Register Here!
go.caqh.org/CAQHConnect2023

Appendix

Today's Call Documents

Document Name
Doc 1 EDTG Call 1 Deck 08.15.2023

CORE Staff	Email Address
Erin Weber, Vice President	eweber@caqh.org
Bob Bowman, Principal, Interoperability and Standards	rbowman@cahq.org
Taha Anjarwalla, Associate Director	tanjarwalla@caqh.org
Kaitlin Powers, Senior Associate	kpowers@caqh.org

CORE EFT/ERA Enrollment Data Task Group Roster

Name	Organization
Amy Neves	Aetna
Kathleen Bell	Aetna
Kellene Parthermore	Aetna
Erica Martin	AMA
Heather McComas	AMA
Rob Otten	AMA
Kyle Ninneman	Ameritas Life Insurance Corp.
Sue Nemec	Ameritas Life Insurance Corp.
Cathy Sheppard	ASC X12
Michelle Barry	ASC X12
Andrew Appler	athenahealth
Kathy Sites	Availity, LLC
Katie Reighard	Availity, LLC
Tonya Moffit	Availity, LLC
Amy Hall	Blue Cross Blue Shield of Michigan
Ann McNeilly	Blue Cross Blue Shield of Michigan
Carol Larson	Blue Cross Blue Shield of Michigan
Cindy Monarch	Blue Cross Blue Shield of Michigan
Liz Weier	Change Healthcare
Trisa Ries	Change Healthcare
Jackie Jackson	CIGNA
Jeffrey Narog	CIGNA
Patricia Wijtyk	Cognizant
Andy Koduru	Cognosante
Laura Caldwell	CSRA
Kelly Lenihan	Elevance Health
Megan Soccorso	Gainwell Technologies
Andrea Huffstetler	Health Care Service Corp
Yvonna Cosey	Health Care Service Corp
Athalage Bandula	Horizon Blue Cross Blue Shield of New Jersey
Kiana Fitchett	Horizon Blue Cross Blue Shield of New Jersey
Penny Lewnes-King	Horizon Blue Cross Blue Shield of New Jersey
Olivia Rauter	Humana

Name	Organization
Zach VanTrieste	JP Morgan Healthcare Payments
Loleta Bethea	Kaiser Permanente
Maria Gonzalez	Kaiser Permanente
Ghesha-Ly Rosario Diaz	Lab Corp
Jennifer Snipes	Lab Corp
Kelly Baker	Lab Corp
Kevin Mulcahy	Massachusetts General Brigham
Rachel Correia	Massachusetts General Brigham
Christopher Stumpo	Montefiore
Edward Yuabov	Montefiore
Erin Miller	Montefiore
Brad Smith	NACHA
Cari Conahan	NACHA
Mike Herd	NACHA
Margaret Weiker	NCPDP
Teresa Strickland	NCPDP
Tammy Henderson	North Dakota Medicaid
Effie Hoffman	OSF Healthcare
Kris Alcorn	OSF Healthcare
Rene Utley	OSF Healthcare
Lyn Jackson	PeaceHealth
Marie Becan	PeaceHealth
Regina Davis	PNC Bank
Diana Fuller	State of Michigan Medicaid
Kevin OSullivan	Tata Consultancy Services Ltd
Alicia Brownlow	The SSI Group, Inc.
Martine Steiger	The SSI Group, Inc.
Andy Schulz	TriZetto Corporation, A Cognizant Company
Katherine Knapp	United States Department of Veterans Affairs
Stephanie Farley	United States Department of Veterans Affairs
David Collins	UnitedHealthGroup
Robert Tennant	WEDI
Megan Milner	Zelis

CORE EFT/ERA Enrollment Data Task Group
Schedule

Dates	Activity
Tuesday, August 15 1:00-2:00 pm ET	**Task Group Call #1**: • Level set on task group's scope of work • Review opportunity areas and potential rule options
August 22-September 5	**Straw Poll 1: Rule Options**
Tuesday, September 19 1:00-2:00 pm ET	**Task Group Call #2**: • Review straw poll #1 results • Review requirements for rule options
September 26-October 10	**Straw Poll 2: Draft Operating Rule Requirements**
Tuesday, October 24 1:00-2:00 pm ET	**Task Group Call #3**: • Review straw poll #2 results • Review draft operating rule requirements
October 31-November 14	**Straw Poll 3: Finalize Operating Rule Requirements**

Timeline is subject to adjustments based on task group needs.