EFT/ERA Enrollment Data Task Group

Call #3

October 24, 2023

Agenda

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

2. Summary of 09/19/23 Task Group Call

3. Review Results of Straw Poll #2

    –   Respondent Breakdown

    –   Support for Opportunity Areas & Comments Received

4. Next Steps

    –   Straw Poll #3 open October 31-November 14

Summary of EDTG Call #2

CAQH Committee on Operating Rules for Information Exchange (CORE)
EFT & ERA Enrollment Task Group Call #1
Call Summary: Tuesday, September 19, 2023, 1:00-2:00 pm ET

This document contains:

- Agenda items and key discussion points.
- Decisions and actions to be taken.
- Next steps.
- Call Attendance.

Agenda Item	Key Discussion Points	Decisions and Actions

1. Welcome, Antitrust Guidelines, and Participant Dashboard (Doc #1 Slides 1-3)	• Kiana Fitchett (Horizon Blue Cross Blue Shield of New Jersey) opened the call and reviewed the Antitrust Guidelines, noting that they were included in yesterday's call reminder email along with the call documents.
	
	• Ms. Fitchett reviewed the focus of the call, which was to:
	    ○ Review results of Straw Poll #1.
	    ○ Provide an overview of Straw Poll #2.
	    ○ Discuss Next Steps.
	
	• Kaitlin Powers (CAQH) conducted roll call. [See call participant roster at the end of this meeting summary to view call attendees and affiliated organizations].
	
	• **Summary of EDTG Discussion:**
	    ○ No questions or comments were raised by EDTG participants.
		Discussion

2. Summary of 08/15/23 Task Group Call (Doc #1 Slide 4)	• Ms. Fitchett provided a summary of EDTG Call #1:
	    ○ Discuss the EDTG goals, scope, and timeline.
	    ○ Review the background and opportunity areas for rule update.
	    ○ Discuss Next Steps.
	
	• Ms. Fitchett asked the group for a motion to approve the call summary.
		Action Required:
		• Approved 08/15/23 Call Summary (Doc #2).
		• Motion to approve by Chuck Veverka (State of Michigan

CAQH CORE

Review Results of Straw Poll #2

Respondent Breakdown

Responses were received from **27** participants, representing **75%** of Task Group Participating Organizations.

| Number of EDTG Participating Organizations: 36	
Total Number of EDTG Participating Organization Responses	**27 (75%) of EDTG Entities**
Number of Provider/Provider Association Responses	5 (19% of respondents)
Number of Health Plan/Health Plan Association Responses	8 (30% of respondents)
Number of Vendor/Clearinghouse Responses	9 (32% of respondents)
Number of Government Responses	1 (4% of respondents)
Number of 'Other' Responses (includes SDOs)	4 (15% of respondents)

Straw Poll #2 Results Summary

Purpose of Straw Poll: Collect detailed feedback from the EDTG and level of support for potential draft operating rule language.

Opportunity Area	Rule Option	Support	Oppose
1. Enhancements to Data Sets	*Levels of support across each proposed enhancement will be reviewed individually.*		
2. Flexible Data Sets	Externalize Data Enrollment Sets from Operating Rule	86%	14%
3. Fraud Detection	Add Process-Oriented Measures	90%	10%
	Update Scope	95%	5%
4. Bulk Enrollment	Allow for Repeatable Data Elements	90%	10%
5. Notification of Enrollment, Disenrollment, or Updates	Confirmation of Submission	90%	10%
	Confirmation of Completed Processing	78%	22%

CAQH CORE℠

Comment Categorization and % Support for Advancement

EDTG Participants provided extensive input and comprehensive feedback on Straw Poll #2.

- EDTG Co-Chairs and CORE Staff summarized comments that require Task Group discussion and provided recommendations for advancing items to the next stage of consensus-building.

- To assess whether a rule requirement should be updated as indicated by the Straw Poll results, a 65% threshold was used to recommend advancement by EDTG Co-Charis and CORE Staff in alignment with other rule-writing efforts.
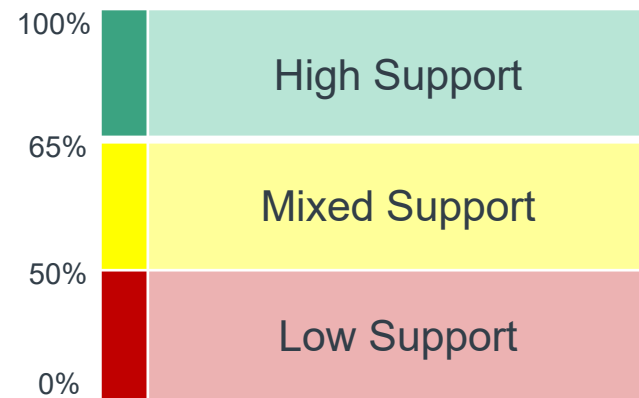
- Note that while some rule requirements had high support, they received suggestions for clarity based on feedback received. The Task Group will review this feedback today.

Section 1: Enhance EFT & ERA Data Sets
Data Elements Recommended to Update

DEG	Data Enhancement	Support	Oppose	Abstain
EFT & ERA DEG 1: Provider Information	1. Add a new data element to specify "Business Type" (e.g., LLC, Corporation, etc.); this would be an optional field.	87% (13)	13% (2)	12
	2. Add a new data element to specify "Business Owner Name;" this would be an optional field.	88% (15)	12% (2)	10
EFT & ERA DEG 3: Provider Contact Information	3.Change DEG 3 from an optional DEG to a required DEG.	96% (22)	4% (1)	3
	4. Change "Address" from optional to required.	85% (17)	15% (3)	6
EFT & ERA DEG 6: Retail Pharmacy Information	5. Change "NCPDP Provider ID Number" from optional to required.	91% (10)	9% (1)	16
EFT DEG 7: Financial Institution Information	6. Add a new data element to specify "Bank Account Owner TIN;" this would be optional, but required if bank account owner TIN is different than the provider TIN.	90% (18)	10% (2)	7
	7. Add a new data element to specify "Country Code" for "Financial Institution Telephone Number;" this would be optional.	78% (14)	22% (4)	9
EFT DEG 8:Submission Information	8. Add a new data element to specify "Back of Voided Check;" this would be an optional.	69% (9)	31% (4)	12
	9. Change "Requested EFT Start/Change/Cancel" from optional to required.	75% (15)	25% (5)	6
ERA DEG 7: ERA Information	10. Change DEG 7 from a required DEG to an optional DEG.	72% (13)	28% (5)	7
	11. Change "Method of Retrieval" from optional to required.	84% (16)	16% (3)	6
	12. Add a new data element to "Account Number Linkage" to specify "Other Provider Identifiers" for non-enumerated providers (e.g., Medicaid Provider Number), this would be optional.	89% (16)	11% (2)	7
ERA DEG 8: ERA Clearinghouse Information	13. Add a new data element to specify "Clearinghouse Identification Number;" this would be optional.	79% (15)	21% (4)	8
ERA DEG 9: ERA Vendor Information	14. Add a new data element to specify "Vendor Identification Number;" this would be optional.	74% (14)	26% (5)	8
ERA DEG 10: Submission Information	15. Remove "Written Signature of Person Submitting Enrollment" as a data element.	75% (15)	25% (5)	7
Given high levels of support an no comments received, these data elements will be updated as indicated.				

CAQH CORE

Section 1: Enhance EFT & ERA Data Sets

EFT & ERA DEG 1: Provider Information			
	Support	**Oppose**	**Abstain**
1. Change "Provider Name" to "Provider Legal Name."	90% (18)	10% (2)	7
Given the high levels of support, the data element will be updated.			
One entity recommended that the data element be renamed to "Provider Legal Business Name."	EDTG Co-chairs and CORE staff recommend adjusting the data element description: "Complete legal business name of institution, corporate entity, practice or individual provider."		

EFT & ERA DEG 1: Provider Information			
	Support	**Oppose**	**Abstain**
2. Change "Provider Address" to "Provider Physical and Legal Address."	79% (15)	21% (4)	8
3. Add a data element description to Provider Address to indicate "Address registered with the IRS."	69% (9)	31% (4)	14
Given high levels of support, the data element and description will be updated.			
Two entities expressed concern about providers not understanding the term "Physical and Legal Address" and their ability to control the data inputted by providers.	EDTG Co-chairs and CORE staff encourage entities to provide detailed instructions to clarify the data being captured and to ensure the accuracy of the data.		

CAQH CORE

Section 1: Enhance EFT & ERA Data Sets

EFT & ERA DEG 1: Provider Information			
	Support	**Oppose**	**Abstain**
4. Change "Provider Address" from optional to required.	91% (20)	9% (2)	5
Given the high level of support, the data element will be required.			
Two entities asked for clarification regarding telehealth and mobile unit providers.		All providers should have a registered address regardless of telehealth or mobile unit practice as TIN or NPI registration requires address information.	

EFT & ERA DEG 2: Provider Identifier			
	Support	**Oppose**	**Abstain**
5. Remove "Trading Partner ID" as a data element.	75% (15)	25% (5)	7
For discussion. Should the data element be removed or kept as optional?			
One entity indicated that an alternate ID is necessary for atypical providers who cannot report an NPI.		NPIs and Alternate IDs are not the same data element as a Trading Partner ID. Trading Partner IDs are necessary when a provider assigns a vendor/clearinghouse to retrieve an ERA on their behalf from a health plan.	
One entity asked for clarification for an alternative data element to use if this is removed.		**Consideration for discussion.**	

CAQH CORE

Section 1: Enhance EFT & ERA Data Sets

EFT & ERA DEG 2: Provider Identifier			
	Support	**Oppose**	**Abstain**
6. Remove "Provider License Number" as a data element.	85% (16)	16% (3)	8
7. Remove "License Issuer" as a data element.	89% (17)	11% (2)	8
For discussion. Should these data elements be removed or kept as optional?			
One entity noted that this data element is necessary for Medicaid.		**Consideration for discussion.**	

EFT & ERA DEG 2: Provider Identifier			
	Support	**Oppose**	**Abstain**
8. Change "Title" from optional to required.	75% (12)	25% (4)	10
Given the high level of support, the data element will be required.			
One entity commented that from a corporate perspective, they cannot use "Title" to determine authorization to submit information and have no way to validate it.		EDTG Co-chairs and CORE staff encourage entities to provide detailed instructions to ensure the accuracy of the data. Although data may be required to be collected, requirements to validate data is at the discretion of the collecting entity.	

CAQH CORE

Section 1: Enhance EFT & ERA Data Sets

EFT DEG 7: Financial Institution Information

	Support	Oppose	Abstain
9. Add a new data element to specify "Legal Name on Bank Account'" this would be required.	90% (18)	10% (2)	7
Given the high level of support, the data element will be added and required.			
One entity commented that the data element should specify the "Legal Business Name."	**For Discussion.** Should the description specify that it is the legal business name?		
One entity suggested that this data element would add complexity to enrollment.	EDTG Co-chairs and CORE staff encourage entities to provide detailed instructions to ensure the accuracy of the data.		

EFT DEG 7: Financial Institution Information

	Support	Oppose	Abstain
10. Add a new data element to "Account Number Linkage" to specify "Other Provider Identifiers" for non-enumerated providers (e.g., Medicaid Provider Number); this would be optional	84% (16)	16% (3)	8
Given the high level of support, the data element will be added to EFT DEG 7 and EFT & ERA DEG 2.			
One entity recommended that this data element should be in DEG 2: Provider Identifier.	EDTG Co-chairs and CORE staff support the recommendation.		

CAQH CORE

Section 1: Enhance EFT & ERA Data Sets
EFT DEG 7: Financial Institution Information

EFT DEG 7: Financial Institution Information			
	Support	**Oppose**	**Abstain**
11. Add a new data element to specify "Previous Bank Account Number" for the collection of a provider's previous bank account information for an EFT change request; this would be optional.	68% (13)	32% (6)	8
Given the high levels of support, the data element will be added.			
One entity suggested that this data element be required.	**For discussion.** Should the data element be optional or required?		

DEG 7: Financial Institution Information			
	Support	**Oppose**	**Abstain**
12. Remove "Financial Institution Address" as a data element.	78% (14)	22% (4)	9
For Discussion. Should the data element be removed or retained as optional?			
• One entity expressed that this data element is necessary to collect the mailing address for the financial institution a provider uses for their accounts.	**Consideration for discussion.**		

CAQH CORE

Section 1: Enhance EFT & ERA Data Sets

EFT DEG 7: Financial Institution Information

	Support	Oppose	Abstain
13. Remove "Type of Account at Financial Institution" as a data element.	50% (9)	50% (9)	9

Given the low level of support, the data element will be retained.

Two entities recommended retaining this data element but making it optional.
– One entity noted that Nacha requires this information.

Poll Question: Should "Type of Account at Financial Institution" be optional?
- Yes
- No

EFT DEG 8: Submission Information

	Support	Oppose	Abstain
14. Change "Submission Date" from optional to required.	86% (18)	14% (3)	5

Given the high level of support, the data element will be required.

Three entities mentioned that the submission date could be automatically captured.

EDTG Co-chairs and CORE staff recommend collecting the submission date, even though it could be captured and populated automatically on an electronic enrollment form, to support varying degrees of technology and applications.

Section 1: Enhance EFT & ERA Data Sets

EFT DEG 8: Submission Information			
	Support	**Oppose**	**Abstain**
15. Remove "Voided Check" as a data element.	53% (9)	47% (8)	9
16. Remove "Bank Letter" as a data element.	53% (9)	47% (8)	9
Given the low level of support, the data elements will be retained.			

Three entities commented on the need to retain this data element.
  – One entity added that this is necessary to detect fraud.
  – Two entities said that this is required for processing.
		Data elements will be retained.	

CAQH CORE

Section 1: Enhance EFT & ERA Data Sets

ERA DEG 8: ERA Clearinghouse Information			
	Support	**Oppose**	**Abstain**
17. Change "Vendor Contact Name" from optional to required.	76% (13)	24% (4)	10
18. Change "Telephone Number" from optional to required.	78% (14)	22% (4)	9
19. Change "Email Address" from optional to required.	74% (14)	26% (5)	8
For Discussion.			

Three entities suggested that this information should remain optional. – One entity noted that providers may not have a dedicated clearinghouse contact. – One entity suggested that this information is duplicative since the payer would have this information already.	**Poll Question: Should "Vendor Contact Name," "Telephone Number," and "Email Address" be optional?** • Yes • No

CAQH CORE℠

Section 1: Enhance EFT & ERA Data Sets

ERA DEG 9: ERA Vendor Information			
	Support	**Oppose**	**Abstain**
20. Change the DEG 9 from an optional DEG to a required DEG.	63% (12)	37% (7)	8

Given the low level of support, the DEG will remain optional.

One entity asked for clarification for use cases where there is no vendor involved. One entity suggested this data element remain optional because vendors are not always used in enrollment.	The DEG will remain optional.

ERA DEG 9: ERA Vendor Information			
	Support	**Oppose**	**Abstain**
21. Change "Vendor Contact Name" from optional to required.	63% (12)	37% (7)	8
22. Change "Telephone Number" from optional to required.	65% (13)	35% (7)	7
23. Change "Email Address" from optional to required.	65% (13)	35% (7)	7

Given the low level of support, the data elements will remain optional.

Two entities suggested this data element remain optional because vendors are not always used in enrollment.	These data element will remain optional.

Section 1: Enhance EFT & ERA Data Sets
New DEG for "Secondary Address"

Add a new data element to specify "Secondary Address" to allow for input of secondary street information (e.g., Suite #); this would be an optional field.			
	Support	**Oppose**	**Abstain**
EFT & ERA DEG 1: Provider Information	91% (20)	9% (2)	5
EFT & ERA DEG 4: Provider Agent Information	100% (18)	0	8
EFT DEG 7: Financial Institution Information	84% (16)	16% (3)	8

Existing CORE FAQ: While the CORE-required Maximum EFT Enrollment Data Set includes "Street" as a Sub-element to various Address Data Elements, it does not specify a secondary address field or "Address 2" line. As a health plan (or its agent), can I collect this information to ensure address accuracy and prevent fraud?

The EFT Enrollment Data Set does not define the field length for "Street." During initial rule development, CORE participants purposefully maintained flexibility with this field given the potential for updates to address formats from USPS. The USPS does not recognize a second street address line.

As such, an entity's written instructions and guidance for the healthcare provider (or its agent) may include multiple lines to collect a complete address. The instructions may detail the address sub-components that may be included, e.g., suite, floor, box number, bldg., etc.

Poll Question: Does the FAQ provide the necessary flexibility to omit adding a new data element?

- Yes
- No

CAQH CORE℠

Section 2: Flexible Data Sets
Externalize EFT & ERA Enrollment Data Sets

Rule Option #1: Update **Section 4.2 CORE-required Maximum Enrollment Data Elements** of the CORE EFT & ERA Enrollment Data Operating Rules to remove internal references to the CORE-required Maximum EFT & ERA Enrollment Sets, and instead, point to an external companion document detailing specific data element requirements.
Proposed Draft Rule Language: A health plan (or its agent or vendors offering EFT enrollment) is required to collect no more data elements than the maximum data elements specified in the *CORE-required Maximum EFT Enrollment Data Set companion document.*   The *CORE-required Maximum EFT Enrollment Data Set* lists all the CORE-required maximum Individual Data Elements organized by categories of information. Both the Individual Data Element name and its associated description must be used by a health plan (or its agent or vendors offering EFT enrollment) when collecting EFT enrollment data either electronically or via a manual paper-based process. The Individual Data Element Name and its associated description must not be modified.   In the case where industry wants to propose substantive changes to the enrollment data set, modifications must be requested in accordance with the CORE Process for updating the CORE-required Maximum EFT Enrollment Data Set.   *NOTE: Similar language would be developed for the CORE ERA Enrollment Data Operating Rule.*

Support	Oppose	Abstain
86% (18)	14% (3)	6

Given the high level of support, Section 4.2 will be updated to remove internal references to the CORE-required Maximum EFT & ERA Enrollment Sets.

CAQH CORE℠

Rule Option #2: Update *Section 4.4 CAQH CORE Electronic Safe Harbor for EFT Enrollment to Occur Electronically* of the CORE EFT & ERA Enrollment Data Operating Rules to add process-oriented measures to support fraud detection.

Proposed Draft Rule Language: The requirement below is an excerpt from Section 4.4 CAQH CORE Electronic Safe Harbor for EFT Enrollment to Occur Electronically. Proposed updates to the requirement to support fraud detection processes are indicated in gray highlight.

This rule provides an EFT enrollment "Electronic Safe Harbor" by which health plans, healthcare providers, their respective agents, application vendors, and intermediaries can be assured will be supported by any trading partner. This EFT Enrollment Rule specifies that all health plans and their respective agents must implement and offer to any trading partner (e.g., a healthcare provider) a **secured**[1] electronic method (actual method to be determined by health plan or its agent) and process for collecting the CORE-required Maximum EFT Enrollment Data Set.

As an EFT enrollment "Safe Harbor," this rule:
- **DOES NOT** require health plans or their agents to discontinue using existing manual and/or paper-based methods and processes to collect the CORE-required Maximum EFT Enrollment Data Set.
- **DOES NOT** require health plans or their agents to use ONLY an electronic method and process for collecting the CORE-required Maximum EFT Enrollment Data Set.
- **DOES NOT** require an entity to do business with any trading partner or other entity.

CAQH CORE expects that in some circumstances, health plans or their agents may agree to use non-electronic methods and mechanisms to achieve the goal of the collection of EFT enrollment data – and that provider trading partners will respond to using this method should they choose to do so. However, the electronic EFT enrollment "Safe Harbor" mechanism offered by a health plan and its agent MUST be used by the health plan or its agent if requested by a trading partner or its agent. The electronic EFT enrollment "Safe Harbor" mechanism is not limited to single entity enrollments and may include a batch of enrollments. If the health plan or its agent does not believe that this CAQH CORE EFT Enrollment Safe Harbor is the best mechanism for that particular trading partner or its agent, it may work with its trading partner to implement a different, mutually agreeable collection method. However, if the trading partner insists on conducting EFT Enrollment electronically, the health plan or its agent must accommodate that request.

1: Electronic methods to secure the process for collecting the CORE-required Maximum EFT Enrollment Data Set could include user authentication measures such as multi-factor authentication or the use of security questions.

Support	Oppose	Abstain
90% (18)	10% (2)	7

Given the high level of support, Section 4.4 will be updated with process-oriented measures to support fraud detection.

CAQH CORE℠

Rule Option #3: Update the scope of the rule to allow for the introduction of fraud detection processes to protect EFT Enrollment upstream and downstream.

Would your organization support adding additional language to *Section 3: Scope* of the CORE EFT Enrollment Data Operating Rule to align with Nacha Operating Rules that seek to minimize the opportunity of fraud in the ACH Network?

Proposed Draft Rule Language:
The growing prevalence of fraudulent EFT activities has made it imperative to implement secure measures in the EFT process. To mitigate this risk, the National Automated Clearinghouse Association (Nacha), the standards and rule development organization that governs the ACH network, continuously enhances its Operating Rules to reduce the opportunity for fraud.

In 2023, Nacha amended its rules to address payment fraud scenarios associated with credit-push payments (e.g., ACH credits, wire transfers, and other emerging payment methods). These updates require ACH Originators (e.g., health plans that send claim payments by the standard EFT) to implement commercially reasonable fraudulent transaction detection systems designed to identify instances of such fraud.

CORE recommends that health plans or their agents align with Nacha Operating Rules and consider how to best leverage investments to prevent falsified EFT enrollments and fraudulent EFT payments.

Support	Oppose	Abstain
95% (18)	5% (1)	8

Two entities suggested that CORE operating rules should directly align with the Nacha operating rules as appropriate and that a recommendation does not implicate a requirement for adherence to Nacha requirements.	EDTG Co-Chairs and CORE Staff agree to adjust this section as written below to align with recommendations and collaboration with Nacha. • The growing prevalence of fraudulent EFT activities has made it imperative to implement secure measures in the EFT process. To mitigate this risk, the National Automated Clearinghouse Association (Nacha), which manages the development, administration, and governance of the ACH Network, continuously enhances its Operating Rules to reduce the opportunity for fraud. Any user of the ACH Network is required to adhere to the Nacha Operating Rules, including Health Plans who originate EFT to providers.

Given the high level of support, Section 3 will be updated to align with Nacha Operating Rules.

Section 4: Bulk Enrollment
Allow for Repeatable Data Elements

Rule Option #1: Add a new sub-section to ***Section 3: Scope*** of CORE EFT & ERA Enrollment Data Operating Rules to articulate that data elements may be repeatable to support bulk enrollment.	
Draft Rule Language for Review: ***Section 3.2.2. Repeatable Data Elements*** Bulk enrollment processes may involve enrolling multiple providers simultaneously, necessitating the repetition of certain data elements for each provider record within a collective submission. For example, multiple National Provider Identifiers (NPIs) may need to be enrolled under a single Taxpayer Identification Number (TIN). The CORE-required EFT & ERA Enrollment Data Elements are designed to be repeatable at the DEG or discrete data element level. Repetition of data elements to accommodate diverse enrollment contexts is allowed by this rule and does not constitute a non-conforming use of the CORE-required Maximum Enrollment Set.	

Support	Oppose	Abstain
90% (19)	10% (2)	6
One entity noted that identity verification is tied to the TIN so if the TIN has already been established, there may be challenges adding additional providers to an established relationship. Another entity commented that bulk enrollment could result in increased provider abrasion and cost by validating multiple providers and/or authorized submitters for a health care organization.	Health plans and their agents may choose how to facilitate bulk enrollment and indicate repeatable data elements at their discretion. EDTG Co-chairs and CORE staff encourage entities to provide detailed instructions on how to allow for bulk enrollment to reduce provider abrasion.	

Given the high level of support, a new sub-section will be added to Section 3 to articulate that data elements may be repeated to support bulk enrollment.

CAQH CORE℠

Rule Option #1: Add a new sub-section to *Section 4: Rule Requirements* of CORE EFT & ERA Enrollment Data Operating Rules to establish confirmation of receipt requirements for health plans or their agents to acknowledge to a provider that an enrollment, disenrollment, or update was received.

Draft Rule Language for Review:
Section 4.x: Confirmation of Receipt of Enrollment Submission
When a provider clicks "submit", or a similar command button on an electronic enrollment form after completing all data fields, the system must return a submission receipt indicating to the provider that the completed enrollment form was successfully received, as well as information about the "next steps" for enrollment processing in *x* timeframe. This confirmation should be provided for initial enrollment, disenrollment, and enrollment updates.

Examples of such information include:
- Option to print and save a PDF.
- View the enrollment status.
- The status or an update of a previously submitted request.
- Assignment of a transaction or reference control number.
- A detailed timestamp, potentially including date, time, and time zone of the submission.

Support	Oppose	Abstain
90% (18)	10% (2)	4

One entity asked if the requirement will only pertain to electronic submissions.	EDTG Co-chairs and CORE staff recommend **to adjust for clarity.** • Change section title to *Confirmation of Receipt of Electronic Enrollment Submission.*

Given the high level of support, a new sub-section will be added to Section 4 to establish confirmation of receipt requirements for health plans or their agents to acknowledge to a provider that an enrollment, disenrollment, or update was received.

CAQH CORE

Section 5: Notification of Enrollment, Disenrollment, or Updates
Confirmation of Completed Processing

Rule Option #2: Add a new sub-section to *Section 4: Rule Requirements* of CORE EFT & ERA Enrollment Data Operating Rules to establish notification requirements for health plans or their agents to notify to a provider that an enrollment, disenrollment, or update request was processed and successfully completed.		

Draft Rule Language for Review:
Section 4.x: Completed Processing Enrollment Submission
When a health plan or its agent successfully processes an enrollment, disenrollment, or enrollment update it must send an electronic notification to the provider to communicate that the request was completed in x timeframe. The notification should provide information about enrollment status.

Examples of such information include:
- Status of the enrolment, disenrollment, or update
- Effective date
- Estimated date of first EFT and/or ERA transaction delivery; or date of last if a disenrollment

Support	Oppose	Abstain
78% (18)	22% (5)	4

One entity asked if the requirement will only pertain to electronic submissions.	EDTG Co-chairs and CORE staff recommend to **adjust for clarity.** - Change section title to *Completed Processing* ==*Electronic*== *Enrollment Submission*

Given the high level of support, a new sub-section will be added to Section 4 to establish notification requirements for health plans or their agents to notify to a provider that an enrollment, disenrollment, or update request was processed and successfully completed.

CAQH CORE℠

Section 5: Notification of Enrollment, Disenrollment, or Updates
Timeframe for Confirmation of Receipt

Rule Option #3: Establish a reasonable and appropriate timeframe for confirmation of receipt of an enrollment, disenrollment, or update request.	
Real-Time (20 seconds or less)	21% (5)
24 hours	8% (2)
48 hours	25% (6)
72 hours	21% (5)
Do not support timeframe requirements	25% (6)
75% of the Task Group support the addition of a confirmation of receipt timeframe requirement. To further drive consensus on this set of timeframes, ***EDTG Co-Chairs and CORE staff will poll the Task Group on timeframe groupings that received over 50% support (Real-time, 24 hours, and 48 hours).***	

CAQH CORE

Please choose a preferred timeframe for delivery of an acknowledgment that a health plan or its agent has received an EFT/ERA enrollment, disenrollment, or update request.

- Real-Time (20-seconds or less)

- 24 Hours or Less

- 48 Hours or Less

- Abstain

Section 5: Notification of Enrollment, Disenrollment, or Updates
Timeframe for Processing Submission

Rule Option #4: Establish a reasonable and appropriate timeframe for a health plan to complete the processing of an enrollment, disenrollment, or update request from date of submission.

	Single Provider Enrollment	Bulk Provider Enrollment
24 hours	0	0
48 hours	22% (5)	13% (3)
72 hours	4% (1)	13% (3)
5 days	17% (4)	8% (2)
1 week	13% (3)	13% (3)
2 weeks	17% (4)	13% (3)
30 days	9% (2)	16% (4)
Do not support timeframe requirements	17% (4)	25% (6)

Single Provider Enrollment: 82% of the Task Group support the addition of EFT/ERA Enrollment processing timeframe requirements. Further, 73% supported recommendations of timeframes of 2 weeks or less. As such, *EDTG Co-Chairs and CORE Staff recommend including the addition of 2 weeks or less for enrollment processing timeframes on the next Straw Poll for Task Group consideration.*

Bulk Provider Enrollment: 75% of the Task Group support the addition of EFT/ERA Enrollment processing timeframe requirements. To further drive consensus on this set of timeframes, *EDTG Co-Chairs and CORE Staff will poll the Task Group on timeframe groupings that received high support (2 weeks or 30 days).*

Please choose a preferred timeframe for a health plan or its agent to complete the processing of an enrollment, disenrollment, or update request for a Buk Provider Enrollment.

- 2 Weeks or Less

- 30 Days or Less

- Abstain

Section 6: Additional Opportunity Areas

Additional Opportunity Area #1	EDTG Co-Chairs and CORE Staff
1. Disclosure of any applicable fees associated with receipt of ERA/EFT transactions and how to eliminate those fees.	Several entities provided feedback via straw polls and on calls on the importance of EFT fee disclosure as part of EFT Enrollment. To evaluate industry support of this topic, we recommend including the following draft rule requirement on the next straw poll for Task Group consideration: • *A health plan and its agent shall disclose any associated fees for receiving EFT payments, when such fees are known, to the provider as part of the EFT Enrollment process.*

Do you support the addition of the following requirement?

A health plan and its agent shall disclose any associated fees for receiving EFT payments, when such fees are known, to the provider as part of the EFT Enrollment process.

- Yes: Support

- No: Do Not Support

- Abstain

Section 6: Additional Opportunity Areas

Additional Opportunity Area #2	EDTG Co-Chairs and CORE Staff
2. Business Rules addressing alternative electronic payments (e.g., virtual credit cards).	Operating Rules dedicated to addressing alternative electronic payments are outside the scope of the EFT & ERA Enrollment Data Rules, as these rule sets are scoped to the use of the HIPAA-mandated EFT transaction. To encourage EFT adoption, the Co-Chairs and CORE Staff recommend including the following draft rule requirement on the next Straw Poll for Task Group consideration. • *A health plan and its agent are required to provide an accessible method, to be determined by the health plan and its agent, for providers to either opt in or opt out of non-EFT payment methods or additional value-added services.*

CAQH CORE℠

Do you support the addition of the following requirement?

A health plan and its agent are required to provide an accessible method, to be determined by the health plan and its agent, for providers to either opt in or opt out of non-EFT payment methods or additional value-added services.

- Yes: Support

- No: Do Not Support

- Abstain

Section 6: Additional Opportunity Areas

Additional Opportunity Area #3	EDTG Co-Chairs and CORE Staff
3. To have assurance that the payment is going to the intended provider, providers should be required to use bank accounts owned by the TIN being paid and allow health plans to verify this using a Nacha repository.	**Out of Scope**. Health plans should have the option to choose specific processes and mechanisms they use to detect fraud.

Next Steps

Next Steps

Compete Straw Poll #3
October 31-November 14
	Objective: Collect each Participating Organization's feedback and level of support on updated language in the draft operating rules:
	• CORE Payment & Remittance EFT Enrollment Data Operating Rule
	    – CORE-required Maximum EFT Enrollment Data Set
	• CORE Payment & Remittance ERA Enrollment Data Operating Rule
	    – CORE-required Maximum ERA Enrollment Data Set
	
	• Note: The form is to be completed by EDTG Participants only; **please coordinate to submit one response for your organization.**

CAQH CORE

Appendix

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.

CAQH CORE℠

Today's Call Documents

Document Name
Doc 1 EDTG Call 3 Deck 10.24.23
Doc 2 EDTG Call 2 Summary 09.19.23
Doc 3 EDTG Straw Poll #2 Non-Substantive Comments

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

CAQH CORE

CORE EFT/ERA Enrollment Data Task Group
Roster

Name	Organization
Kathleen Bell	Aetna
Amy Neves	Aetna
Kellene Parthermore	Aetna
Erica Martin	AMA
Heather McComas	AMA
Rob Otten	AMA
Sue Nemec	Ameritas Life Insurance Corp.
Kyle Ninneman	Ameritas Life Insurance Corp.
Michelle Barry	ASC X12
Cathy Sheppard	ASC X12
Andrew Appler	athenahealth
Tonya Moffit	Availity, LLC
Katie Reighard	Availity, LLC
Kathy Sites	Availity, LLC
Amy Hall	Blue Cross Blue Shield of Michigan
Carol Larson	Blue Cross Blue Shield of Michigan
Ann McNeilly	Blue Cross Blue Shield of Michigan
Cindy Monarch	Blue Cross Blue Shield of Michigan
Trisa Ries	Change Healthcare
Liz Weier	Change Healthcare
Jackie Jackson	CIGNA
Jeffrey Narog	CIGNA
Daniel Kalwa	CMS
Patricia Wijtyk	Cognizant
Andy Koduru	Cognosante
Laura Caldwell	CSRA
Margaret Kutz	Elevance Health
Kelly Lenihan	Elevance Health
Megan Soccorso	Gainwell Technologies
Yvonna Cosey	Health Care Service Corp
Andrea Huffstetler	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
Kelly Baker	Lab Corp
Ghesha-Ly Rosario Diaz	Lab Corp
Jennifer Snipes	Lab Corp
Erin Miller	Montefiore
Christopher Stumpo	Montefiore
Edward Yuabov	Montefiore
Cari Conahan	NACHA
Mike Herd	NACHA
Brad Smith	NACHA
Teresa Strickland	NCPDP
Margaret Weiker	NCPDP
Tammy Henderson	North Dakota Medicaid
Kris Alcorn	OSF Healthcare
Effie Hoffman	OSF Healthcare
Rene Utley	OSF Healthcare
Marie Becan	PeaceHealth
Lyn Jackson	PeaceHealth
Regina Davis	PNC Bank
Diana Fuller	State of Michigan Medicaid
Chuck Veverka	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
Stephanie Farley	United States Department of Veterans Affairs
Katherine Knapp	United States Department of Veterans Affairs
David Collins	UnitedHealthGroup
Robert Tennant	WEDI
Megan Milner	Zelis
Megan Olson	Zelis
Kevin OSullivan	Tata Consultancy Services Ltd

CAQH CORE℠

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 28-October 12	**Straw Poll 2: Draft Operating Rule Language**
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: Draft Operating Rule Requirements**

Timeline is subject to adjustments based on task group needs.