



**CORE Payment & Remittance
EFT Enrollment Data Rule**

Version PR.2.0

November 2023

**CAQH Committee on Operating Rules for Information Exchange (CORE)
DRAFT Payment & Remittance EFT Enrollment Data Rule vPR.2.0**

Revision History for CORE Payment & Remittance EFT Enrollment Data Rule

Version	Revision	Description	Date
3.0.0	Major	CORE 380 EFT Enrollment Data Rule balloted and approved via CORE Voting Process.	June 2012
3.0.1	Minor	Non-substantive adjustments to the CORE-required Maximum EFT Enrollment Data Set to improve usability: <ul style="list-style-type: none"> • Further distinguished Data Elements that do not obligate the provider to submit any associated data but provide essential context for related Sub-elements • Addressed table formatting inconsistencies • Ensured consistency between data elements 	July 2014
PR.1.0	Minor	<ul style="list-style-type: none"> • Non-substantive adjustments to support re-organization of operating rules into rule sets organized by business transaction (e.g., Eligibility & Benefits, Claim Status, etc.) rather than phase (e.g., Phase I, II, etc.) as approved by the CORE Board in 2019. • Operating rule naming, versioning and numbering methodologies updated to align with business transaction-based rule sets. 	May 2020
PR.2.0	Major	<ul style="list-style-type: none"> • Draft substantive updates to the CORE-required Maximum EFT Enrollment Data Set and rule requirements to address current and emerging business needs. 	November 2023

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1. Background Summary

The CORE Payment & Remittance Operating Rule Set addresses a range of operating rule requirements for both the HIPAA-adopted ASC X12 005010X221A1 Health Care Claim Payment/Advice (835) Technical Report Type 3 Implementation Guide and associated errata (hereafter X12 v5010 835) transaction, also known as the Electronic Remittance Advice (ERA), and the Electronic Funds Transfer (EFT) by addressing operating rules related to the NACHA ACH CCD plus Addenda Record (hereafter CCD+) and the X12 835 TR3 TRN Segment (hereafter the CCD+ and X12 835 TR3 TRN Segment together are the Healthcare EFT Standards).¹

Along with the ERA, the EFT or electronic payment made to the provider from the health plan furthers the automated processing of healthcare payments; paper checks and their manual processing are eliminated. This rule builds upon the other CORE Payment & Remittance Operating Rules by addressing a key barrier to the use of EFT by providers – a cumbersome and, in many cases, incomplete EFT enrollment data set that doesn't speak to the electronic needs of the system – and further enables the automated processing of healthcare payments.

Currently, healthcare providers or their agents² face significant challenges when enrolling to receive EFT payments from a health plan including:

- A wide variety in data elements requested for enrollment
- Variety in the enrollment processes and approvals to receive the EFT
- Absence of critical elements that would address essential questions regarding provider preferences on payment options

Conversely, health plans are also challenged by the effort and resources required to enroll providers and maintain changes in provider information over time. As a result, some plans may prioritize converting high volume claim submitters to EFT over converting lower volume submitters, even though the low volume submitters may account for most providers submitting claims.

Consistent and uniform operating rules enabling providers to quickly and efficiently enroll for EFT will help to mitigate:

- Complex and varied enrollment processes
- Variation in data elements requested for enrollment
- Lack of electronic access to enrollments
- Missing requests for critical elements that help address provider preference and system-wide automation

And provide for:

- Less staff time spent on phone calls and websites
- Increased ability to conduct targeted follow-up with health plans
- Broader adoption of EFT by providers
- An ability to ensure the enrollment process is coordinated with the next steps in payment process

¹ The CCD+ and X12 835 TR3 TRN Segment are adopted together as the Federal Healthcare EFT Standards in [CMS-0024-IFC: Administrative Simplification: Adoption of Standards for Health Care Electronic Funds Transfers \(EFTs\) and Remittance Advice](#), 01/10/12.

² One who agrees and is authorized to act on behalf of another, a principal, to legally bind an individual in particular business transactions with third parties pursuant to an agency relationship. Source: West's Encyclopedia of American Law, edition 2. Copyright 2008 The Gale Group, Inc. All rights reserved.

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37 In 2023, the CORE Enrollment Data Task Group evaluated opportunity areas for enhancing the CORE
38 Payment & Remittance EFT & ERA Enrollment Data Rules. For ease of reference, new and updated rule
39 language approved via this maintenance process is highlighted in gray.

40 **1.1. Affordable Care Act Mandates**

41 This rule is part of a set of rules that addresses a request from the National Committee on Vital and
42 Health Statistics (NCVHS) for fully vetted CAQH CORE Operating Rules for the EFT and ERA
43 transactions; the NCVHS request was made in response to NCVHS' role in Section 1104 of the
44 Affordable Care Act (ACA).

45 Section 1104 of the ACA contains an industry mandate for the use of operating rules to support
46 implementation of the HIPAA standards. Using successful, yet voluntary, national industry efforts as a
47 guide, Section 1104 defines operating rules as a tool that will build upon existing healthcare transaction
48 standards. The legislation outlines three sets of healthcare industry operating rules to be approved by the
49 Department of Health and Human Services (HHS) and then implemented by the industry, the second set
50 of which are those for EFT and ERA.³ The ACA requires HHS to adopt a set of operating rules for both of
51 these transactions by July 2012. In a letter dated 03/23/11,⁴ NCVHS recommended that the Secretary
52 "name CAQH CORE in collaboration with NACHA — The Electronic Payments Association as the
53 candidate authoring entity for operating rules for all health care EFT and ERA transactions..."

54 Section 1104 of the ACA also adds the EFT transaction to the list of electronic health care transactions
55 for which the HHS Secretary must adopt a standard under HIPAA. The section requires the EFT
56 transaction standard be adopted by 01/01/12, in a manner ensuring that it is effective by 01/01/14. In
57 January 2012, HHS issued an Interim Final Rule with Comment (IFC)⁵ adopting the CCD+ and the X12
58 835 TR3 TRN Segment⁶ as the Healthcare EFT Standards. These standards must be used for electronic
59 claims payment initiation by all health plans that conduct healthcare EFT.

60 As described in the IFC, the healthcare payment flow through the ACH Network occurs in three
61 chronological stages, each of which includes a separate electronic transmission of information:

- 62 • **Stage 1 Payment Initiation:** The health plan (i.e., Originator) authorizes its financial institution (i.e.,
63 Originating Depository Financial Institution or ODFI) to make an EFT healthcare claims payment
64 through the ACH Network on its behalf. (The Healthcare EFT Standards adopted in the IFC
65 address only this stage.)
- 66 • **Stage 2 Transfer of Funds:** Funds from the payer's account at the ODFI are moved, through a
67 series of interactions, into the payee's (i.e., Receiver's) account at the payee's financial institution
68 (i.e., Receiving Depository Financial Institution or RDFI).
- 69 • **Stage 3 Deposit Notification:** The RDFI transmits information to the Receiver indicating the
70 payment has been deposited into the Receiver's account.

³The first set of operating rules under ACA Section 1104 applies to eligibility and claim status transactions with an adoption date of 07/01/11 and effective date of 01/01/13; the third set of operating rules applies to healthcare claims or equivalent encounter information transactions, enrollment and disenrollment in a health plan, health plan premium payments and referral, certification and authorization with an adoption date of 07/01/14 and effective date of 01/01/16.

⁴NCVHS [Letter to the Secretary](#) – Affordable Care Act (ACA), Administrative Simplification: Recommendation for entity to submit proposed operating rules to support the Standards for Health Care Electronic Funds Transfers and Health Care Payment and Remittance Advice 03/23/11.

⁵[CMS-0024-IFC](#): Administrative Simplification: Adoption of Standards for Health Care Electronic Funds Transfers (EFTs) and Remittance Advice, 01/10/12.

⁶The IFC requires health plans to input the X12 835 TR3 TRN Segment into the Addenda Record of the CCD+; specifically, the X12 835 TR3 TRN Segment must be placed in Field 3 of the Addenda Entry Record ("7 Record") of a CCD+.

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71 **2. Issue to be Addressed and Business Requirement Justification**

72 It is a challenge for each provider, whether large or small, to complete enrollment and maintain changes
73 to their banking information for EFT uniquely with each health plan. It is equally challenging for each
74 health plan to collect and implement banking and identification information from every provider that they
75 pay – moreover, common lessons learned on necessary requests to streamline the process are not being
76 identified due to all this variation.

77 Additionally, provider bank account information may change frequently due to providers changing banks
78 and changes in bank account information for providers that join and leave provider group organizations
79 such as group practices. Providers seeking to enroll for EFT often face different enrollment formats and
80 requirements. For many providers the enrollment process is cumbersome, time-consuming and can
81 require the provider to initiate a relationship with a new bank and more than one bank.

82 **2.1. Problem Space**

83 During initial rule development, CORE EFT & ERA Subgroup Participant surveys and discussion
84 identified significant barriers to achieving industry-wide rapid adoption of EFT and ERA; much of these
85 findings were reiterated by CORE and Nacha research as well as research by other industry efforts. One
86 of the key barriers identified is the challenge faced by providers due to the variances in the processes and
87 data elements requested when enrolling in EFT with a health plan.

88 Due to the variations across health plans in the data elements requested, providers manually process
89 enrollment forms for each plan to which they bill claims and from which they wish to receive an EFT
90 payment. This results in unnecessary manual processing of multiple forms requesting a range of
91 information – not necessarily the same – as noted by research findings – and, in the case when it is the
92 same, often using a wide variety of data terminology for the same semantic concept (i.e., “Routing
93 Number” vs. “Bank Routing Number”).

94 This inconsistent terminology for the same data element during EFT enrollment can cause confusion and
95 incorrect data to be entered during the enrollment process resulting in further delays as manual
96 processes are used to clarify the inaccurate data – telephone calls, faxes, emails and original enrollment
97 documents are returned to the provider for review, correction and resubmission to the health plan.

98 The manual and time-consuming process required by many of the current enrollment processes today
99 and the variety of enrollment forms and data requirements cost the industry time and money – and, in
100 many cases, does not address the key items that are needed to use the EFT enrollment information to
101 fully automate payments. As a consequence, providers are often reluctant to implement the EFT payment
102 with many health plans, particularly those plans that have seemingly difficult or extensive requirements for
103 enrollment.⁷ It is well understood that EFT enrollment is not the only challenge with regard to provider
104 adoption of EFT; however, it is one of the pieces of the puzzle and thus does need to be addressed,
105 especially given the significant challenges that the other CORE Payment & Remittance Operating Rules
106 are working to improve.

107 **2.2. CORE Process in Addressing the Problem Space**

108 To address the Problem Space associated with EFT enrollment, the initial CORE EFT & ERA Subgroup
109 and its Work Group conducted a series of surveys, numerous Subgroup discussions and significant
110 review of industry EFT enrollment forms and research related to existing industry initiatives (e.g.,
111 Workgroup for Electronic Data Interchange [WEDI], American Medical Association [AMA], etc.) to inform
112 development of this CORE Payment & Remittance EFT Enrollment Data Rule.

113 In the ten years following initial publication of this rule, CORE conducted annual maintenance of the EFT
114 Enrollment Data Set, although no substantive adjustments were made. In 2023, the CORE Enrollment

⁷ CORE/Nacha White Paper: Adoption of EFT and ERA by Health Plans and Providers: A White Paper Identifying Business Issues and Recommendations for Operating Rules (2011).

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115 Data Task Group launched a comprehensive review of the rule requirements and associated enrollment
116 data set to address industry needs to drive greater EFT and ERA adoption and enhance security and
117 fraud detection.

118 **2.2.1. Research and Analysis of EFT & ERA Enrollment Forms**

119 The CORE EFT & ERA Subgroup completed several research steps to determine a set of data elements
120 to serve as a maximum data requirement for EFT enrollment during initial rule development. These key
121 research steps included:

- 122 • Created source list for representative sample of EFT and ERA enrollment forms
- 123 • Using source list, obtained a representative sample of approximately 45 enrollment forms from
124 eight key industry sectors (National Plans, Regional Plans, State Medicaid, Medicare,
125 Clearinghouses, Worker's Compensation, Employer Owned [including Provider Owned], Third-
126 Party Administrators)
- 127 • Identified frequency of data elements and key semantic concepts across source list enrollment
128 forms and elements needing clarity; considered data elements utilized by external resources, e.g.,
129 the U.S. Postal Service, *NACHA Operating Rules*, etc.
- 130 • Using direct research findings and indirect sources (i.e., related white papers by WEDI, AMA,
131 etc.), created a list of required data elements with definitions and other rule requirements using
132 agreed-upon evaluation criteria
- 133 • Outlined the essential elements needed to address provider preferences and electronic
134 transaction needs

135 CORE conducted substantial analysis to compare EFT enrollment forms from across the industry and
136 follow up with specific industry sectors such as pharmacy. Using Subgroup-approved evaluation criteria, a
137 set of universally necessary EFT enrollment data elements was identified by the CORE Participants as
138 well as the detailed rule requirements around these EFT enrollment data elements. The CORE
139 Participants agreed that these data elements represented the *maximum* set of data elements required for
140 successful EFT enrollment; therefore, this rule addresses the maximum set of data elements required for
141 providers enrolling for receipt of the EFT from a health plan.

142 **2.2.1.1. Evaluation Criteria to Identify Required EFT Enrollment Data Elements**

143 The following evaluation criteria were used by the Subgroup to identify the list of required EFT enrollment
144 data elements using direct (e.g., EFT enrollment forms utilized by health plans and vendors) and indirect
145 (e.g., white papers that address the topic of standardization of EFT enrollment) sources:

- 146 • Quantitative findings of research:
 - 147 – Include data elements that are frequently included across direct and indirect sources (e.g.,
148 elements included in 65% or more of all enrollment forms or research)
 - 149 – For data elements that have different terms used for the same semantic concept, e.g.,
150 meaning/intent, select one term for each data element (i.e., term selected would be used on
151 65% of forms, e.g., “Bank Transit Number” vs. “Bank Routing Number” vs. “Transit/Routing
152 Number”)
- 153 • Qualitative discussions for elements that are unclear in the quantitative findings, but are directly
154 related to agreed-upon CORE EFT & ERA Subgroup high priority goals:
 - 155 – Identified strong business need to streamline the collection of data elements (e.g., Taxpayer
156 Identification Number [TIN] vs. National Provider Identifier [NPI] provider preference)
 - 157 – Essential data for populating the Healthcare EFT Standards and the X12 v5010 835
 - 158 – Balance between time and resources (cost) to provide enrollment data versus necessity
159 (benefit) to procure data element
 - 160 – Consistent with CORE Guiding Principles

161

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162 **3. Scope**

163 **3.1. When the Rule Applies**

164 This rule applies when a health plan or its agent is enrolling a healthcare provider or its agent for the
165 purpose of engaging in the payment of healthcare claims electronically using the Healthcare EFT
166 Standards.

167 **3.2. CORE-required Maximum EFT Enrollment Data Element Set**

168 The data elements identified in *CORE-required Maximum EFT Enrollment Data Set Companion*
169 *Document Table 4.2.1 in §4.2* are the maximum number of data elements that a health plan or its agent
170 may require a healthcare provider or its agent to submit to the health plan for the purpose of engaging in
171 the payment of healthcare claims electronically.

172 These enrollment data elements represent a “controlled vocabulary” to provide a common, uniform and
173 consistent way for health plans to collect and organize data for subsequent collection and use. A
174 controlled vocabulary reduces ambiguity inherent in normal human languages (where the same concept
175 can be given different names), ensures consistency and is potentially a crucial enabler of semantic
176 interoperability.

177 The CORE-required Maximum EFT Enrollment Data Set (i.e., a controlled vocabulary) mandates the use
178 of predefined and authorized terms that have been preselected by CORE Participants.

179 **3.2.1. Data Element Group: Elements that May Need to be Requested Several Times**

180 Several of the data elements in the *CORE-required Maximum EFT Enrollment Data Set Companion*
181 *Document Table 4.2.1* can be logically related where each single discrete data element can form a larger
182 grouping or a set of data elements that are logically related, e.g., a bank account number and a taxpayer
183 identification number are typically requested together or should be. Such logical Data Element Groups
184 are shown by assigning a Data Element Group identifier (e.g., DEG1, DEG2, etc.) to the discrete data
185 element included in the set of logically related data elements.

186 Each Data Element Group (DEG) represents a set of data elements that may need to be collected more
187 than once for a specific context, e.g., multiple bank accounts at a bank with different linked Taxpayer
188 Identification Numbers (TIN)⁸ or National Provider Identifiers (NPIs).⁹ Examples of the DEGs are *Provider*
189 *Information, Provider Identifiers, and Financial Institution-Provider’s Agent Name and Address*. Multiple
190 uses of the same Data Element Group to collect the same data for another context are allowed by this
191 rule and do not constitute a non-conforming use of the CORE-required Maximum Enrollment Data Set.

192 **3.2.2. Repeatable Data Elements**

193 Bulk enrollment processes may involve enrolling multiple providers simultaneously, necessitating the
194 repetition of certain data elements for each provider record within a collective submission. For example,
195 multiple National Provider Identifiers (NPIs) may need to be enrolled under a single Taxpayer
196 Identification Number (TIN). The CORE-required Maximum EFT Enrollment Data Elements are designed
197 to be repeatable at the DEG or discrete data element level. Repetition of data elements to accommodate
198 diverse enrollment contexts is allowed by this rule and does not constitute a non-conforming use of the
199 CORE-required Maximum EFT Enrollment Set.

⁸ A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws. It is issued either by the Social Security Administration (SSA) or by the IRS. A Social Security number (SSN) is issued by the SSA whereas all other TINs are issued by the IRS.
<https://www.irs.gov/individuals/international-taxpayers/taxpayer-identification-numbers-tin>

⁹ <https://www.cms.gov/medicare/regulations-guidance/administrative-simplification>

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200 **3.3. What the Rule Does Not Require**

201 This rule does not require any health plan to:

- 202 • Engage in the process of paying for healthcare claims electronically
- 203 • Conduct either the X12 v5010 835 or the Healthcare EFT Standards transactions
- 204 • Combine EFT with ERA enrollment
- 205 • Re-enroll a provider if the provider is already enrolled and receiving the EFT

206 This rule does not prohibit or require a health plan from obligating a provider to agree to engage in EFT in
207 order to receive an ERA.

208 **3.4. CORE Process for Maintaining CORE-required Maximum EFT Enrollment Data Set**

209 CORE recognizes that experience gained from EFT enrollment may indicate a need to modify the CORE-
210 required EFT Enrollment Data Set to meet emerging industry needs and requires a process for soliciting
211 feedback from the industry on a periodic basis.

212 CORE accepts maintenance submission requests for the CORE-required EFT Enrollment Data Set on a
213 rolling basis and will convene the Enrollment Data Task Group if substantive submissions and critical
214 needs are identified as defined below:

- 215 • Substantive submissions are more than one of the same, in-scope submissions that meet [the](#)
216 [Enrollment Data Evaluation Criteria for Ongoing Maintenance](#).
- 217 • Critical needs are any adjustment necessary to resolve an issue prohibiting implementation of the
218 current version of the EFT Enrollment Data Set for multiple implementers or to address a
219 regulatory requirement.

220 If the Enrollment Data Task Group convenes to review a submitted substantive submission or critical
221 needs and agrees to the substantive adjustment(s) to the EFT Enrollment Data Set, a notification will be
222 shared with the industry announcing the publication of an updated EFT Enrollment Data Set. Health plans
223 or their business agents have nine calendar months to update their electronic enrollment systems/forms
224 and twelve calendar months to update their paper-based enrollment forms to comply with the published,
225 updated version of the CORE-required EFT Enrollment Data Set. The timeframe starts on the date that
226 CORE publishes the updated version of the Enrollment Data Set to the industry.

227 ~~The CORE required Maximum EFT Enrollment Data Set is a set of data elements determined by CAQH
228 CORE to be the most appropriate data set to achieve uniform and consistent collection of such data at
229 the time this rule was developed. CAQH CORE recognizes that as this rule becomes widely adopted and
230 implemented in healthcare — and as EFT changes in the marketplace — the experience and learning
231 gained from EFT enrollment may indicate a need to modify the maximum data set to meet emerging or
232 new industry needs.~~

233 ~~Given this anticipated need for data set maintenance activity, CAQH CORE recognizes that the focus of
234 this rule, coupled with this need for unique modification of the data set, will require a process and policy to
235 enable the data set to be reviewed on an annual or semi-annual basis. Any revisions to the data set will
236 follow standard CAQH CORE processes for rule revisions. CAQH CORE will develop such a process and
237 policy in accordance with CAQH CORE Guiding Principles following the approval of the CAQH CORE
238 Payment & Remittance Operating Rules for first review of potential revisions to the data set. The first
239 review shall commence one year after the passage of a Federal regulation requiring implementation of
240 this rule. Substantive changes necessary to the data set will be reviewed and approved by CAQH CORE
241 as necessary to ensure accurate and timely revision to the data set.~~

242 **3.5. Outside the Scope of This Rule**

243 This rule does not address any business relationship between a health plan and its agent, a healthcare
244 provider and its agent, nor their financial institutions.

245 Outside the scope of this rule is:

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- 246 • The need to collect other data for other business purposes and such data may be collected at the
247 health plan’s discretion
248 • The method or mechanism for how a health plan exchanges EFT data internally
249 • The method or mechanism for how a health plan collects EFT data externally

250 **3.6. How the Rule Relates to other Operating Rule Sets**

251 As with other CORE Operating Rules, general CORE policies apply to CORE Payment & Remittance
252 Operating Rules.

253 **3.7. Assumptions**

254 A goal of this rule is to establish a foundation for the secure, successful, and timely enrollment of
255 healthcare providers by health plans to engage in the payment of healthcare claims electronically.

256 The following assumption applies to this rule:

- 257 • This rule is a component of the larger set of CORE Payment & Remittance Operating Rules; as
258 such, all the CORE Guiding Principles apply to this rule and all other rules.
259 • To further secure the ACH Network, Nacha, which manages the development, administration,
260 and governance of the ACH Network, continuously enhances its Operating Rules to reduce the
261 opportunity for fraud. Any user of the ACH Network is required to adhere to the Nacha Operating
262 Rules, including Health Plans who originate EFT to providers.

263 **4. Rule Requirements**

264 **4.1. Requirements for a Health Plan, its Agent or Vendors Offering EFT Enrollment**

265 A health plan or its agent or vendors offering EFT enrollment must comply with all requirements specified
266 in this rule when collecting from a healthcare provider or its agent the data elements needed to enroll the
267 healthcare provider for the payment of healthcare claims electronically.

268 **4.2. CORE-required Maximum EFT Enrollment Data Elements**

269 A health plan or its agent or vendors offering EFT enrollment is required to collect no more data elements
270 than the maximum data elements defined in the *CORE-required Maximum EFT Enrollment Data Set*
271 *Companion Document Table 4.2-1 CORE-required Maximum EFT Enrollment Data Set.*

272 The *CORE-required Maximum EFT Enrollment Data Set Companion Document Table 4.2-1* lists all of the
273 CORE-required maximum Individual Data Elements organized by categories of information (Data Element
274 Groups), e.g., Provider Information, Provider Identifiers Information, Federal Agency Information, Retail
275 Pharmacy Information, Financial Institution Information and Submission Information. Both the Individual
276 Data Element name and its associated description must be used by a health plan or its agent or vendors
277 offering EFT enrollment when collecting EFT enrollment data either electronically or via a manual paper-
278 based process. The Individual Data Element Name and its associated description must not be modified.

279 Table 4.2-1 includes eight Data Element Groups represent a set of data elements that may need to be
280 collected more than once for a specific context (Reference §3.2.1 and §3.2.2 above). Multiple uses of the
281 same DEG to collect the same data for another context are allowed by this rule and do not constitute a
282 non-conforming use of the CORE-required Maximum Enrollment Data Set. *These eight Data Element*
283 *Groups are:*

- 284 • *DEG1: Provider Information*
285 • *DEG2: Provider Identifiers Information*
286 • *DEG3: Provider Contact Information*
287 • *DEG4: Provider Agent Information*
288 • *DEG5: Federal Agency Information*
289 • *DEG6: Retail Pharmacy Information*
290 • *DEG7: Financial Institution Information*

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291 • ~~DEG8: Submission Information~~

292 ~~Within each information category some data elements may be grouped into specific Data Element Groups~~
293 ~~(Reference §3.2.1). A DEG may be designated as required or optional for data collection. Within each~~
294 ~~DEG, Individual Data Elements are designated as required or optional for data collection.~~

- 295 • When a DEG is designated as required, all the Individual Data Elements designated as required
296 within the DEG must be collected by the health plan; Individual Data Elements designated as
297 optional may be collected depending on the business needs of the health plan.
- 298 • When a DEG is designated as optional, the collection of the optional DEG is at the discretion of
299 the health plan. When a health plan exercises its discretion to collect an optional DEG, any
300 included Individual Data Element designated as required must be collected.
- 301 • Some required or optional Individual Data Elements are composed of one or more Sub-elements,
302 where a Sub-element is designated as either required or optional for collection. When a health
303 plan collects an optional Individual Data Element that is composed of one more optional Sub-
304 element, the optional Sub- element may be collected at the discretion of the health plan. When a
305 health plan collects a required Individual Data Element that is composed of one or more optional
306 Sub-elements, the optional Sub-element may be collected at the discretion of the health plan.

307 ~~Not collecting an Individual Data Element identified as optional does not constitute a non-conforming use~~
308 ~~of the CORE-required Maximum Enrollment Data Set. As specified in §3.2.1, the collection of multiple~~
309 ~~occurrences of DEGs for another context does not constitute a non-conforming use of the CORE-required~~
310 ~~Maximum Enrollment Data Set.~~

311 ~~The data elements in the CORE-required Maximum EFT Enrollment Data Set Companion Document~~
312 ~~Table 4.2.1 are for new enrollments. When an enrollment is being changed or cancelled, the health plan~~
313 ~~must make available to the provider instructions on the specific procedure to accomplish a change in their~~
314 ~~enrollment or to cancel their enrollment.~~

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Table: 4.2-1 CORE-required Maximum EFT Enrollment Data Set

Individual Data Element Name¹⁰ (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#)¹⁴
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
Doing Business As Name (DBA)		A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it ¹²	Alphanumeric	Optional	DEG1

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¹⁰ Shaded Individual Data Element Names provide essential context for related Sub-element Names but do not obligate providers to submit any associated data for that specific Data Element on the enrollment form/system. Individual Data Element Names that are not shaded do obligate the provider to submit associated data.

¹⁴ There are eight of these Data Element Groups, and each represents a set of data elements that may need to be collected more than once for a specific context. Multiple uses of the same Data Element Group to collect the same data for another context are allowed by this rule and do not constitute a non-conforming use of the CORE required Maximum Enrollment Data Set.

¹² http://en.wikipedia.org/wiki/Doing_business_as

**CAQH Committee on Operating Rules for Information Exchange (CORE)
DRAFT Payment & Remittance EFT Enrollment Data Rule vPR.2.0**

Table: 4.2-1 CORE-required Maximum EFT Enrollment 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 (Continued) (Data Element Group 1 is a Required DEG)					
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 ¹³	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country ¹⁴	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 ¹⁵	Alphanumeric, 15 characters	Required	DEG1
	Country Code ¹⁶	ISO-3166-1 Country Code ¹⁷	Alphanumeric, 2 characters	Optional	DEG1

¹³ CCD+ transaction cannot be used to make payments to or from financial institutions outside the territorial jurisdiction of the United States. Effective September 18, 2009, NACHA introduced the use of the International ACH Transaction (IAT) standard. The IAT standard applies to all consumer, corporate and government payments that involve a financial institution outside the territorial jurisdiction of the United States (US). The territorial jurisdiction of the US includes all 50 states, the District of Columbia (DC), US territories, US military bases and US embassies in foreign countries. A foreign address is not an indicator of whether the payment is an IAT. Source: NACHA 2011 Operating Rules and Guidelines

¹⁴ <http://www.iso.org/iso/search.htm?qt=ISO+3166-2&searchSubmit=Search&sort=rel&type=simple&published=on>

¹⁵ <http://www.britannica.com/EBchecked/topic/657522/ZIP-Code>

¹⁶ See Footnote #4 above regarding NACHA Operating Rules International ACH Transactions (IAT)

¹⁷ <http://www.iso.org/iso/search.htm?qt=ISO+3166-1&searchSubmit=Search&sort=rel&type=simple&published=on>

**CAQH Committee on Operating Rules for Information Exchange (CORE)
DRAFT Payment & Remittance EFT Enrollment Data Rule vPR.2.0**

Table: 4.2-1 CORE-required Maximum EFT Enrollment 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 IDENTIFIERS INFORMATION (Data Element Group 2 is a Required DEG)					
Provider Identifiers				Required	DEG2
	Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity. ¹⁸	Numeric, 9 digits	Required	DEG2
	National Provider Identifier (NPI) ¹⁹	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence free numeric identifier (10 digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions. ²⁰	Numeric, 10 digits	Required when provider has been enumerated with an NPI	DEG2

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¹⁸ A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws. It is issued either by the Social Security Administration (SSA) or by the IRS. A Social Security number (SSN) is issued by the SSA whereas all other TINs are issued by the IRS. <https://www.irs.gov/individuals/international-taxpayers/taxpayer-identification-numbers-tin>

¹⁹ An atypical provider not eligible for enumeration by an NPI must supply its EIN/TIN

²⁰ <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProviderStand>

**CAQH Committee on Operating Rules for Information Exchange (CORE)
DRAFT Payment & Remittance EFT Enrollment Data Rule vPR.2.0**

Table: 4.2-1 CORE-required Maximum EFT Enrollment 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 IDENTIFIERS INFORMATION (Continued) (Data Element Group 2 is a Required DEG)					
Other Identifier(s)			Alphanumeric	Optional	DEG2
	Assigning Authority	Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid	Alphanumeric	Required if Identifier is collected	DEG2
	Trading Partner ID	The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor	Alphanumeric	Optional	DEG2
Provider License Number			Alphanumeric	Optional	DEG2
	License Issuer		Alphanumeric	Required if License Number is collected	DEG2
Provider Type		A proprietary health plan-specific indication of the type of provider being enrolled for EFT with specific provider type description included by the health plan in its instruction and guidance for EFT enrollment (e.g., hospital, laboratory, physician, pharmacy, pharmacist, etc.)		Optional	DEG2
Provider Taxonomy Code		A unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Type, Classification and Area of Specialization ²⁴	Alphanumeric, 10 characters	Optional	DEG2

²⁴ <http://www.nuce.org/index.php>

**CAQH Committee on Operating Rules for Information Exchange (CORE)
DRAFT Payment & Remittance EFT Enrollment Data Rule vPR.2.0**

Table: 4.2-1 CORE-required Maximum EFT Enrollment 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 CONTACT INFORMATION (Data Element Group 3 is an Optional DEG)					
Provider Contact Name		Name of a contact in provider office for handling EFT issues	Alphanumeric	Required	DEG3
	Title		Alphanumeric	Optional	DEG3
	Telephone Number	Associated with contact person	Numeric, 10 digits ²²	Required	DEG3
	Telephone Number Extension			Optional	DEG3
	Email Address	An electronic mail address at which the health plan might contact the provider		Required; not all providers may have an email address	DEG3
	Fax Number	A number at which the provider can be sent facsimiles		Optional	DEG3

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²² ASC X12-005010X221 Health Care Claim Payment/Advice Technical Report Type 3

**CAQH Committee on Operating Rules for Information Exchange (CORE)
DRAFT Payment & Remittance EFT Enrollment Data Rule vPR.2.0**

Table: 4.2-1 CORE-required Maximum EFT Enrollment 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 AGENT INFORMATION (Data Element Group 4 is an Optional DEG)					
Provider Agent Name		Name of provider's authorized agent	Alphanumeric	Required	DEG4
Agent Address				Optional	DEG4
	Street	The number and street name where a person or organization can be found	Alphanumeric	Required	DEG4
	City	City associated with address field	Alphanumeric	Required	DEG4
	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country ²³	Alpha	Required	DEG4
	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 ²⁴	Alphanumeric, 15 characters	Required	DEG4
	Country Code	ISO 3166-1 Country Code ²⁵	Alphanumeric, 2 characters	Optional	DEG4

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²³ <https://www.iso.org/search.html?qt=ISO%2B3166-2&searchSubmit=Search&sort=rel&type=simple&published=on>

²⁴ <https://www.britannica.com/topic/ZIP-Code>

²⁵ <https://www.iso.org/search.html?qt=ISO+3166-1&searchSubmit=Search&sort=rel&type=simple&published=on>

**CAQH Committee on Operating Rules for Information Exchange (CORE)
DRAFT Payment & Remittance EFT Enrollment Data Rule vPR.2.0**

Table: 4.2-1 CORE-required Maximum EFT Enrollment 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 AGENT INFORMATION (Continued) (Data Element Group 4 is an Optional DEG)					
Provider Agent Contact Name		Name of a contact in agent office for handling EFT issues	Alphanumeric	Required	DEG4
	Title		Alphanumeric	Optional	DEG4
	Telephone Number	Associated with contact person	Numeric, 10 digits ²⁶	Required	DEG4
	Telephone Number Extension			Optional	DEG4
	Email Address	An electronic mail address at which the health plan might contact the provider		Required; not all providers may have an email address	DEG4
	Fax Number	A number at which the provider can be sent facsimiles		Optional	DEG4
FEDERAL AGENCY INFORMATION (Data Element Group 5 is an Optional DEG)					
Federal Agency Information		Information required by Veterans Administration		Optional	DEG5
	Federal Program Agency Name		Alphanumeric	Optional	DEG5
	Federal Program Agency Identifier		Alphanumeric	Optional	DEG5
	Federal Agency Location Code		Alphanumeric	Optional	DEG5

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²⁶ ASC X12-005010X221 Health Care Claim Payment/Advice Technical Report Type 3

**CAQH Committee on Operating Rules for Information Exchange (CORE)
DRAFT Payment & Remittance EFT Enrollment Data Rule vPR.2.0**

Table: 4.2-1 CORE-required Maximum EFT Enrollment 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#)
RETAIL PHARMACY INFORMATION (Data Element Group 6 is an Optional DEG)					
Pharmacy Name		Complete name of pharmacy	Alphanumeric	Required	DEG6
	Chain Number	Identification number assigned to the entity allowing linkage for a business relationship, i.e., chain, buying groups or third party contracting organizations. Also may be known as Affiliation ID or Relation ID	Alphanumeric	Optional	DEG6
	Parent Organization ID	Headquarter address information for chains, buying groups or third party contracting organizations where multiple relationship entities exist and need to be linked to a common organization such as common ownership for several chains	Alphanumeric	Optional	DEG6
	Payment Center ID	The assigned payment center identifier associated with the provider/corporate entity	Alphanumeric	Optional	DEG6
NCPDP Provider ID Number		The NCPDP assigned unique identification number	Alphanumeric	Optional	DEG6
Medicaid Provider Number		A number issued to a provider by the U.S. Department of Health and Human Services through state health and human services agencies		Optional	DEG6

**CAQH Committee on Operating Rules for Information Exchange (CORE)
DRAFT Payment & Remittance EFT Enrollment Data Rule vPR.2.0**

Table: 4.2-1 CORE-required Maximum EFT Enrollment 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#)
FINANCIAL INSTITUTION INFORMATION (Data Element Group 7 is a Required DEG)					
Financial Institution Name		Official name of the provider's financial institution	Alphanumeric	Required	DEG7
Financial Institution Address				Optional	DEG7
	Street	Street address associated with receiving depository financial institution name field	Alphanumeric	Required	DEG7
	City	City associated with receiving depository financial institution address field	Alphanumeric	Required	DEG7
	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country. ²⁷	Alpha	Required	DEG7
	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. ²⁸	Alphanumeric, 15 characters	Required	DEG7
Financial Institution Telephone Number		A contact telephone number at the provider's bank	Numeric, 10 digits	Optional	DEG7
	Telephone Number Extension			Optional	DEG7

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²⁷ <https://www.iso.org/search.html?qt=ISO+3166-2&searchSubmit=Search&sort=rel&type=simple&published=on>

²⁸ <https://www.britannica.com/topic/ZIP-Code>

**CAQH Committee on Operating Rules for Information Exchange (CORE)
DRAFT Payment & Remittance EFT Enrollment Data Rule vPR.2.0**

Table: 4.2-1 CORE-required Maximum EFT Enrollment 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#)
FINANCIAL INSTITUTION INFORMATION (Continued) (Data Element Group 7 is a Required DEG)					
Financial Institution Routing Number		A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited	Numeric, 9 digits	Required	DEG7
Type of Account at Financial Institution		The type of account the provider will use to receive EFT payments, e.g., Checking, Saving		Required	DEG7
Provider's Account Number with Financial Institution		Provider's account number at the financial institution to which EFT payments are to be deposited		Required	DEG7
Account Number Linkage to Provider Identifier		Provider preference for grouping (bulking) claim payments—must match preference for v5010 X12 835 remittance advice		Required; select from one of the two below	DEG7
	Provider Tax Identification Number (TIN)		Numeric, 9 digits	Optional—required if NPI is not applicable	DEG7
	National Provider Identifier (NPI)		Numeric, 10 digits	Optional—required if TIN is not applicable	DEG7
SUBMISSION INFORMATION (Data Element Group 8 is a Required DEG)					
Reason for Submission				Required; select from below	DEG8
	New Enrollment			Optional	DEG8
	Change Enrollment			Optional	DEG8
	Cancel Enrollment			Optional	DEG8

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Table: 4.2-1 CORE-required Maximum-EFT Enrollment 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#)
SUBMISSION INFORMATION (Continued) (Data Element Group 8 is a Required DEG)					
Include with Enrollment Submission				Optional; select from below	DEG8
	Voided Check	A voided check is attached to provide confirmation of Identification/Account Numbers		Optional	DEG8
	Bank Letter	A letter on bank letterhead that formally certifies the account owners routing and account numbers		Optional	DEG8
Authorized Signature		The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment		Required; select from below	DEG8
	Electronic Signature of Person Submitting Enrollment			Optional	DEG8
	Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity		Optional	DEG8
	Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment		Optional	DEG8
	Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment		Optional	DEG8

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Table: 4.2-1 CAQH CORE required Maximum EFT Enrollment 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#)
SUBMISSION INFORMATION (Continued) (Data Element Group 8 is a Required DEG)					
Submission Date		The date on which the enrollment is submitted	CCYYMMDD ²⁹	Optional	DEG8
Requested EFT Start/Change/Cancel Date		The date on which the requested action is to begin	CCYYMMDD	Optional	DEG8

337 **4.3. CORE Master Template for Collecting EFT Enrollment Data**

338 **4.3.1. Master Template for Manual Paper-Based Enrollment**

339 The name of the health plan or its agent or the vendor offering EFT and the purpose of the form will be on
340 the top of the form, e.g., Health Plan X: Electronic Funds Transfer (EFT) Authorization Agreement.

341 A health plan or its agent or a vendor offering EFT is required to use the format, flow and data set
342 including data element descriptions of the CORE-required Maximum EFT Enrollment Data Set **Table 4.2-**
343 **4** as the CORE Master EFT Enrollment Submission form when using a manual paper-based enrollment
344 method. All CORE-required EFT Enrollment data elements must appear on the paper form in the same
345 order as they appear in the *CORE-required Maximum EFT Enrollment Data Set Companion Document*
346 **Table 4.2-1**.

347 A health plan or its agent cannot revise or modify:

- 348 • The name of a CORE Master EFT Enrollment Data Element Name
- 349 • The usage requirement of a CORE Master EFT Enrollment Data Element
- 350 • The Data Element Group number of a CORE Master EFT Enrollment Data Element

351 Beyond the data elements and their flow, a health plan or its agent must:

- 352 • Develop and make available to the healthcare provider or its agent specific written instructions
353 and guidance for the healthcare provider or its agent when completing and submitting the
354 enrollment form, including when using paper
- 355 • Provide a number to fax and/or a U.S. Postal Service or email address to send the completed
356 form
- 357 • Include contact information for the health plan, specifically a telephone number and/or email
358 address to send questions
- 359 • Include authorization language for the provider to read and consider
- 360 • Include a section in the form that outlines how the provider can access online instructions for how
361 the provider can determine the status of the EFT enrollment
- 362 • Clearly label any appendix describing its purpose as it relates to the provider enrolling in EFT

²⁹ ASC X12 Standards Version 005010 for X12 Data Element 373 Date used in the ASC X12 005010X221 Health Care Claim Payment/Advice Technical Report Type 3

- 363 • Inform the provider that it must contact its financial institution to arrange for the delivery of the
364 CORE- required Minimum CCD+ data elements needed for reassociation of the payment and the
365 ERA. See *CORE Payment & Remittance (CCD+/835) Reassociation Rule*.

366 **4.3.2. Master Template for Electronic Enrollment**

367 When electronically enrolling a healthcare provider in EFT, a health plan or its agent must use the CORE
368 Master EFT Enrollment Data Element Name and Sub-element Name as specified in the *CORE-required*
369 *Maximum EFT Enrollment Data Set Companion Document Table 4.2-4* without revision or modification.

370 When using an XML-based electronic approach, the Data Element Name and Sub-element Name must
371 be used exactly as represented in the table enclosed in angle brackets (i.e., < >) for the standard XML
372 element name and all spaces replaced with an underscore [_] character e.g., <Provider_Address>.

373 As noted below in §4.4, a health plan or its agent or vendors offering EFT enrollment will offer an
374 electronic way for provider to complete and submit the EFT enrollment. A health plan may use a web-
375 based method for its electronic approach to offering EFT enrollment. The design of the website is
376 restricted by this rule only to the extent that the flow, format and data set including data element
377 descriptions established by this rule must be followed.

378 **4.4. CORE Electronic Safe Harbor for EFT Enrollment to Occur Electronically**

379 This rule provides an EFT enrollment “Electronic Safe Harbor” by which health plans, healthcare
380 providers, their respective agents, application vendors and intermediaries can be assured will be
381 supported by any trading partner. This EFT Enrollment Data Rule specifies that all health plans and their
382 respective agents must implement and offer to any trading partner (e.g., a healthcare provider) a
383 secured³⁰ electronic method (actual method to be determined by health plan or its agent) and process for
384 collecting the CORE-required Maximum EFT Enrollment Data Set. As an EFT enrollment “Safe Harbor,”
385 this rule:

- 386 • **DOES NOT** require health plans or their agents to discontinue using existing manual and/or
387 paper-based methods and processes to collect the CORE-required Maximum EFT Enrollment
388 Data Set.
389 • **DOES NOT** require health plans or their agents to use ONLY an electronic method and process
390 for collecting the CORE-required Maximum EFT Enrollment Data Set.
391 • **DOES NOT** require an entity to do business with any trading partner or other entity.

392 CORE expects that in some circumstances, health plans or their agents may agree to use non-electronic
393 methods and mechanisms to achieve the goal of the collection of EFT enrollment data – and that provider
394 trading partners will respond to using this method should they choose to do so.

395 However, the electronic EFT enrollment “Safe Harbor” mechanism offered by a health plan and its agent
396 MUST be used by the health plan or its agent if requested by a trading partner or its agent. The electronic
397 EFT enrollment “Safe Harbor” mechanism is not limited to single entity enrollments and may include a
398 bulk enrollments. If the health plan or its agent does not believe that this CORE EFT Enrollment Safe
399 Harbor is the best mechanism for a particular trading partner or its agent, it may work with its trading
400 partner to implement a different, mutually agreeable collection method; however, if the trading partner
401 insists on conducting EFT Enrollment electronically, the health plan or its agent must accommodate that
402 request. This clarification is not intended in any way to modify an entity’s obligation to exchange
403 electronic transactions as specified by HIPAA or other Federal and state regulations.

404

³⁰ 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.

405 **4.5. Instructions for Electronic Enrollment**

406 A health plan must develop and make available to the healthcare provider or its agent specific written
407 instructions and guidance for the healthcare provider or its agent when providing and submitting the data
408 elements in ~~Table 4.2-1~~ the *CORE-required Maximum EFT Enrollment Data Set Companion Document*.
409 The health plan's specific instructions and guidance are not addressed in this rule.

410 **4.6. Notifications for Electronic Enrollment Submissions**

411 **4.6.1. Confirmation of Receipt of an Electronic Enrollment Submission**

412 When a provider clicks "submit", or a similar command button on an electronic enrollment form after
413 completing all data fields, the system must return a submission receipt indicating to the provider that the
414 completed enrollment form was successfully received, and information about the "next steps" for
415 enrollment processing in 24 hours or less. This timeframe requirement must be met at least 90 percent of
416 the time per calendar month.

417 This confirmation of receipt should be provided for initial enrollment, disenrollment and enrollment
418 changes. Examples of such information include:

- 419 • Option to print and save a PDF
- 420 • View the enrollment status
- 421 • The status or an update of a previously submitted request
- 422 • Assignment of a transaction or reference control number
- 423 • A detailed timestamp, potentially including date, time and time zone of the submission

424 **4.6.2. Confirmation of Completed Processing of an Electronic Enrollment Submission**

425 When a health plan or its agent successfully processes an enrollment, disenrollment or enrollment
426 change it must send an electronic notification to the provider to communicate that the request was
427 completed in 2 weeks or less for provider enrollments. This timeframe requirement must be met at least
428 90 percent of the time per calendar month.

429
430 The notification should provide information about enrollment status. Examples of such information
431 include:

- 432 • Status of the enrolment, disenrollment or change
- 433 • Effective date
- 434 • Estimated date of first EFT and/or ERA transaction delivery; or date of last if a disenrollment

435 **4.7. Disclosure of Applicable EFT Fees**

436 A health plan or its agent must disclose any associated fees for receiving EFT payments that are incurred
437 to the provider as part of the EFT enrollment process, when such fees are known.

438 **4.8. Time Frame for Rule Compliance³⁴**

439 Not later than the date that is six months after the compliance date specified in any Federal regulation
440 adopting this rule, a health plan or its agent that uses a paper-based form to collect and submit the
441 CORE-required Maximum EFT Enrollment Data Set must convert all its paper-based forms to comply with

³⁴Some health plans have expressed concern regarding the timeframe for effective date of EFT and ERA operating rules as specified in the ACA Section 1104, i.e., not later than January 1, 2014, as being too restrictive, given the myriad other regulatory mandates currently being confronted by the industry.

442 the data set specified in this rule.³² Should such paper forms be available at provider's offices or other
443 locations, it is expected that such paper-based forms will be replaced.

444 If a health plan or its agent does not use a paper-based manual method and process to collect the
445 CORE-required Maximum EFT Enrollment Data Set as of the compliance date specified in any Federal
446 regulation adopting this rule, it is not required by this rule to implement a paper-based manual process on
447 or after the compliance date.

448 It will be expected that all electronic EFT enrollment will meet this rule requirement and that of the
449 compliance date, and that the health plan or its agent will inform its providers that an electronic option is
450 now available, if not previously available.

451 **5. Conformance Requirements**

452 Conformance with this rule is considered achieved when all the required detailed step-by-step test scripts
453 specified in the Payment & Remittance CORE Certification Test Suite are successfully passed.

454 ~~Separate from any HHS certification/compliance program to demonstrate conformance as mandated~~
455 ~~under ACA Section 1104, CORE offers CORE Certification for all CORE Operating Rules. CORE~~
456 ~~Certification is completely optional. Pursuing CORE Certification offers an entity a mechanism to test its~~
457 ~~ability to exchange EFT and ERA transaction data with its trading partners. A CORE Certification Seal is~~
458 ~~awarded to an entity or vendor product that voluntarily completes CORE Certification testing with a~~
459 ~~CORE-authorized testing vendor. Key benefits of CORE Certification include:~~

- 460 ● ~~Demonstrates to the industry adoption of the CORE Payment & Remittance Operating Rules via a~~
461 ~~recognized industry "CORE Certification Seal"~~
- 462 ● ~~Encourages trading partners to work together on transaction data content, infrastructure and~~
463 ~~connectivity needs~~
- 464 ● ~~Reduces the work necessary for successful trading partner testing as a result of independent~~
465 ~~testing of the operating rules implementation~~
- 466 ● ~~Promotes maximum ROI when all stakeholders in the information exchange are known to~~
467 ~~conform to the CORE Operating Rules~~

468 ~~For more information on achieving CORE Certification for the CORE Payment & Remittance Operating~~
469 ~~Rules, refer to the Payment & Remittance CORE Certification Test Suite or contact CORE@cagh.org.~~

³² The rule recognizes that some public/Federal entities have review and approval processes that are unique and may require significant planning time and resources to meet the rule requirements.