



Draft CORE Payment & Remittance EFT & ERA Enrollment Data Rules Package

Updates at-a-glance

Draft CORE Draft CORE Payment & Remittance EFT Enrollment Data Rule

- [UPDATED CORE Payment & Remittance EFT Enrollment Data Rule](#)
- [NEW Draft CORE-required Maximum EFT Enrollment Data Set](#)
- [UPDATED CORE EFT Enrollment Data Certification Test Scenarios](#)

Draft CORE Payment & Remittance ERA Enrollment Data Rule

- [UPDATED CORE Payment & Remittance ERA Enrollment Data Rule](#)
- [NEW Draft CORE-required Maximum ERA Enrollment Data Set](#)
- [UPDATED CORE ERA Enrollment Data Certification Test Scenarios](#)

Spotlight: Draft CORE EFT & ERA Enrollment Data Operating Rules Scope and Requirements

	Draft CORE EFT Enrollment Data Rule	Draft CORE ERA Enrollment Data Rule
Scope	These rules apply when a health plan or its agent enrolls a healthcare provider or its agent for electronic healthcare claims payment (EFT) and/or electronic remittance advice (ERA).	
Data Sets	Data element group and data element enhancement: <ul style="list-style-type: none"> • Updated data to align with current and emerging business needs (e.g., addition of new business type and business owner data elements). Externalization of enrollment data sets: <ul style="list-style-type: none"> • Externalized the enrollment data sets from the operating rules via companion document to help facilitate updates and allow for machine readability. 	
Fraud Detection	Improve fraud detection capabilities: <ul style="list-style-type: none"> • Updated Safe Harbor requirements to include secured process-oriented measures to enhance fraud detection such as recommendations for use of multi-factor authentication. • Added new references in scoping requirements to ensure alignment with Nacha's Operating Rules to minimize the opportunity for fraud in the ACH Network. 	N/A
Bulk Enrollment	Support for bulk enrollment: <ul style="list-style-type: none"> • Updated scoping language to allow for data element groups or individual elements to be repeated to support bulk enrollment. 	
Notifications	Notification and delivery response time requirements: <ul style="list-style-type: none"> • Created new requirements that establish confirmation of receipt for health plans and their agents to acknowledge that an enrollment, disenrollment, or update was received and successfully processed. • Added timeframe requirements for processing enrollment, disenrollment, and updates. <ul style="list-style-type: none"> - Confirmation of receipt of an electronic enrollment form submission must be delivered in 24 hours or less. - Confirmation of completed processing of an electronic enrollment submission must be delivered in 2 weeks or less. 	
Transparency	Disclosure of applicable EFT fees: <ul style="list-style-type: none"> • Included new requirements that health plans must disclose any associated fees for receiving EFT payments that are incurred to the provider as part of the EFT enrollment process when such fees are known. Opt-in/out of alternative electronic payments: <ul style="list-style-type: none"> • Added requirements that specify that health plans must provide guidance on how a provider can either opt-in or opt-out of non-EFT electronic payment methods. 	N/A

Punchline: These updates further advance the modernization and automation of EFT and ERA enrollments. They increase flexibility, enhance security measures, require status notifications, and foster greater transparency on associated fees.