



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

Version PR.2.0

December 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. 	December 2023

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1 **1. Background Summary**

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

10 Along with the ERA, the EFT or electronic payment made to the provider from the health plan furthers the
11 automated processing of healthcare payments **by eliminating manual processing of paper checks**. This
12 rule builds upon the other CORE Payment & Remittance Operating Rules by addressing a key barrier to
13 the use of EFT by providers – a cumbersome and, in many cases, incomplete EFT enrollment data set
14 that **does not support automation**.

15 **1.1. EFT Enrollment Challenges and Opportunities**

16 **During initial rule development in 2012**, healthcare providers or their agents² faced significant challenges
17 when enrolling to receive EFT payments from a health plan including:

- 18 • Variation in data elements requested for enrollment
- 19 • Variation in the enrollment processes and approvals to receive the EFT
- 20 • Absence of critical elements addressing provider preferences on payment options

21 Conversely, health plans were challenged by the effort and resources required to enroll providers and
22 maintain changes in provider information over time. As a result, some plans prioritized converting high
23 volume claim submitters to EFT over lower volume submitters, even though the low volume submitters
24 may have accounted for the most providers submitting claims.

25 Consistent and uniform operating rules enabled providers to quickly, **securely**, and efficiently enroll for
26 EFT and mitigate:

- 27 • Complex and varied enrollment processes
- 28 • Variation in data elements requested for enrollment
- 29 • Lack of electronic access to enrollments
- 30 • Missing requests for critical elements that help address provider preference and system-wide
31 automation
- 32 • **Risks of fraudulent enrollments**

33 And supported:

- 34 • Reduced staff time spent on phone calls and websites
- 35 • Increased ability to conduct targeted follow-up with health plans
- 36 • Broader adoption of EFT by providers
- 37 • **Coordinated next steps in enrollment and 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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38 In 2023, the CORE Participants evaluated opportunity areas and updated the CORE Payment &
39 Remittance EFT & ERA Enrollment Data Rules to address current and emerging business needs
40 identified by industry. For ease of reference, new and updated rule language approved via this
41 maintenance process is highlighted in gray.

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

43 Prior to initial publication of this rule, large and small providers struggled with the complexities of enrolling
44 in unique health plans and maintaining their banking information for EFT. The enrollment process often
45 necessitated establishing new banking relationships, sometimes with multiple banks, adding layers of
46 complexity. Health plans also encountered challenges in collecting and processing banking and
47 identification information from each provider seeking payment. The frequent changes in provider bank
48 account details, typically resulting from changes in banking partnerships or internal shifts in staffing and
49 affiliations, further complicated the process. These challenges led to the identification of common lessons
50 learned and best practices to support industry efforts to streamline EFT enrollment workflows.

51 According to the 2022 CAQH Index, adoption of the EFT transaction increased from 50% to 75% over the
52 past decade³, a result of broad industry education, complementary operating rules, and comfort with
53 automation. However, adoption gaps remain. In 2023 CORE Participants identified a number of persistent
54 opportunities for improving the EFT enrollment process. These included updates to the EFT Enrollment
55 Data Set to address evolving business needs and addition of specific process-oriented requirements
56 aimed at encouraging participating and reducing enrollment barriers. Key enhancements include:

- 57 • Securing enrollment data and forms to mitigate fraud risks
- 58 • Expanding scope of the rule to support bulk enrollment capabilities
- 59 • Ensuring efficient and timely delivery of enrollment notifications
- 60 • Providing transparency on EFT fees and guidance on opt-in/opt-out processes for non-EFT
61 electronic payment methods

62 **2.1. Problem Space**

63 During initial rule development, CORE EFT & ERA Subgroup Participant surveys and discussion
64 identified significant barriers to achieving industry-wide adoption of EFT and ERA; much of these findings
65 were reiterated by CORE and Nacha research as well as research by other industry efforts. One of the
66 key barriers identified is the challenge faced by providers due to the variance of processes and data
67 elements requested when enrolling in EFT with a health plan. Issues included variations in data
68 terminology used for the same semantic concept (i.e., “Routing Number” vs. “Bank Routing Number”),
69 resulting in inconsistent data entry leading to manual follow up and resubmissions. Further, in many
70 cases these enrollment processes did not address the key items that are needed to use the EFT
71 enrollment information to fully automate payments. As a consequence, providers were often reluctant to
72 implement the EFT payment with many health plans, particularly those plans that had seemingly difficult
73 or extensive requirements.⁴

74 **2.2. CORE Process in Addressing the Problem Space**

75 To address the Problem Space and inform development of this CORE Payment & Remittance EFT
76 Enrollment Data Rule, the initial CORE EFT & ERA Subgroup and its Work Group conducted a series of
77 surveys, numerous Subgroup discussions and significant review of industry EFT enrollment forms and
78 industry terms. The Subgroup further researched and incorporated insights from existing industry
79 initiatives (e.g., Workgroup for Electronic Data Interchange [WEDI], American Medical Association [AMA],
80 etc.).

³ CAQH Index Reports

⁴ 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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81 In the ten years following initial publication of this rule, CORE conducted annual maintenance of the EFT
82 Enrollment Data Set and made no substantive updates. In 2023, to address industry needs to drive
83 greater EFT and ERA adoption and enhance transparency, security and fraud detection, the CORE
84 Enrollment Data Task Group launched a comprehensive review of the rule requirements and associated
85 enrollment data set, ultimately approving substantive adjustments to both.

86 **3. Scope**

87 **3.1. When the Rule Applies**

88 This rule applies when a health plan or its agent is enrolling a healthcare provider or its agent for the
89 purpose of engaging in the payment of healthcare claims electronically using the HIPAA-mandated
90 Healthcare EFT Standard.

91 **3.2. CORE-required Maximum EFT Enrollment Data Element Set**

92 The data elements identified in *CORE-required Maximum EFT Enrollment Data Set Companion*
93 *Document* are the maximum number of data elements that a health plan or its agent may require a
94 healthcare provider or its agent to submit to the health plan for the purpose of engaging in the payment of
95 healthcare claims electronically.

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

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

103 **3.2.1. Data Element Group: Elements that May Need to be Requested Several Times**

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

110 Each Data Element Group (DEG) represents a set of data elements that may need to be collected more
111 than once for a specific context, e.g., multiple bank accounts at a bank with different linked Taxpayer
112 Identification Numbers (TIN)⁵ or National Provider Identifiers (NPIs).⁶ Examples of the DEGs are Provider
113 Information, Provider Identifiers, and Financial Institution. Multiple uses of the same Data Element Group
114 to collect the same data for another context are allowed by this rule and do not constitute a non-
115 conforming use of the CORE-required Maximum Enrollment Data Set.

116

117

⁵ 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>

⁶ <https://www.cms.gov/medicare/regulations-guidance/administrative-simplification>

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118 **3.2.2. Repeatable Data Elements**

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

126 **3.3. What the Rule Does Not Require**

127 This rule does not require any health plan to:

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

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

134 **3.4. CORE Process for Maintaining CORE-required Maximum EFT Enrollment Data Set**

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

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

- 141 • Substantive submissions must meet the [Enrollment Data Evaluation Criteria for Ongoing](#)
142 [Maintenance](#).
- 143 • Critical needs are any adjustment necessary to resolve an issue prohibiting implementation of the
144 current version of the EFT Enrollment Data Set for multiple implementers or to address a
145 regulatory requirement.

146 If the Enrollment Data Task Group convenes to review a submitted substantive submission or critical
147 needs and agrees to the substantive adjustment(s) to the EFT Enrollment Data Set, a notification is
148 shared with the industry announcing the publication of an updated EFT Enrollment Data Set. Health plans
149 or their business agents have twelve calendar months to update their electronic enrollment systems/forms
150 and paper-based enrollment forms to comply with the published, updated version of the CORE-required
151 EFT Enrollment Data Set. The timeframe starts on the date that CORE publishes the updated version of
152 the Enrollment Data Set to the industry.

153 **3.5. Outside the Scope of This Rule**

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

156 Outside the scope of this rule is:

- 157 • The need to collect other data for other business purposes and such data may be collected at the
158 health plan's discretion
- 159 • The method or mechanism for how a health plan exchanges EFT data internally
- 160 • The method or mechanism for how a health plan collects EFT data externally

161

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162 **3.6. How the Rule Relates to other Operating Rule Sets**

163 As with other CORE Operating Rules, general CORE policies apply to CORE Payment & Remittance
164 Operating Rules.

165 **3.7. Assumptions**

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

168 The following assumptions apply to this rule:

- 169 • This rule is a component of the larger set of CORE Payment & Remittance Operating Rules; as
170 such, all the CORE Guiding Principles apply to this rule and all other rules.
- 171 • To further secure the ACH Network, Nacha, which manages the development, administration,
172 and governance of the ACH Network, continuously enhances its Operating Rules to reduce the
173 opportunity for fraud. Any user of the ACH Network is required to adhere to the [Nacha Operating](#)
174 [Rules](#), including Health Plans who originate EFT to providers.
- 175 • The CORE-required Maximum EFT Enrollment Data Set is designated for use in EFT enrollment
176 processes. Any collection or application of this data for enrollment in non-EFT payment methods
177 (e.g. virtual credit cards) is not recommended and considered out of scope.

178 **4. Rule Requirements**

179 **4.1. Requirements for a Health Plan, its Agent or Vendors Offering EFT Enrollment**

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

183 **4.2. CORE-required Maximum EFT Enrollment Data Elements**

184 A health plan or its agent or vendors offering EFT enrollment is required to collect no more data elements
185 than the maximum data elements defined in the [CORE-required Maximum EFT Enrollment Data Set](#)
186 [Companion Document](#).

187 The [CORE-required Maximum EFT Enrollment Data Set Companion Document](#) lists all the CORE-
188 required maximum Individual Data Elements organized by categories of information (Data Element
189 Groups), e.g., Provider Information, Provider Identifiers Information, Federal Agency Information, Retail
190 Pharmacy Information, Financial Institution Information and Submission Information. Both the Individual
191 Data Element name and its associated description must be used by a health plan or its agent or vendors
192 offering EFT enrollment when collecting EFT enrollment data either electronically or via a manual paper-
193 based process. The Individual Data Element Name and its associated description must not be modified.

194 Data Element Groups represent a set of data elements that may need to be collected more than once for
195 a specific context (Reference §3.2.1 and §3.2.2 above). Multiple uses of the same DEG to collect the
196 same data for another context are allowed by this rule and do not constitute a non-conforming use of the
197 CORE-required Maximum Enrollment Data Set.

198 A DEG may be designated as required or optional for data collection. Within each DEG, Individual Data
199 Elements are designated as required or optional for data collection.

- 200 • When a DEG is designated as required, all the Individual Data Elements designated as required
201 within the DEG must be collected by the health plan; Individual Data Elements designated as
202 optional may be collected depending on the business needs of the health plan.
- 203 • When a DEG is designated as optional, the collection of the optional DEG is at the discretion of
204 the health plan. When a health plan exercises its discretion to collect an optional DEG, any
205 included Individual Data Element designated as required must be collected.
- 206 • Some required or optional Individual Data Elements are composed of one or more Sub-elements,
207 where a Sub-element is designated as either required or optional for collection. When a health

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208 plan collects an optional Individual Data Element that is composed of one more optional Sub-
209 element, the optional Sub-element may be collected at the discretion of the health plan. When a
210 health plan collects a required Individual Data Element that is composed of one or more optional
211 Sub-elements, the optional Sub-element may be collected at the discretion of the health plan.

212 Not collecting an Individual Data Element identified as optional does not constitute a non-conforming use
213 of the CORE-required Maximum Enrollment Data Set.

214 The data elements in the *CORE-required Maximum EFT Enrollment Data Set Companion Document* are
215 for new enrollments. When an enrollment is being changed or cancelled, the health plan must make
216 available to the provider instructions on the specific procedure to accomplish a change in their enrollment
217 or to cancel their enrollment.

218 **4.3. CORE Master Template for Collecting EFT Enrollment Data**

219 **4.3.1. Master Template for Manual Paper-Based Enrollment**

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

222 A health plan or its agent or a vendor offering EFT is required to use the format, flow and data set
223 including data element descriptions of the CORE-required Maximum EFT Enrollment Data Set as the
224 CORE Master EFT Enrollment Submission form when using a manual paper-based enrollment method.
225 All CORE-required EFT Enrollment data elements must appear on the paper form in the same order as
226 they appear in the *CORE-required Maximum EFT Enrollment Data Set Companion Document*.

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

- 228 • The name of a CORE Master EFT Enrollment Data Element Name
- 229 • The usage requirement of a CORE Master EFT Enrollment Data Element
- 230 • The Data Element Group number of a CORE Master EFT Enrollment Data Element

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

- 232 • Develop and make available to the healthcare provider or its agent specific written instructions
233 and guidance for the healthcare provider or its agent when completing and submitting the
234 enrollment form, including when using paper
- 235 • Provide a number to fax and/or a U.S. Postal Service or email address to send the completed
236 form
- 237 • Include contact information for the health plan, specifically a telephone number and/or email
238 address to send questions
- 239 • Include authorization language for the provider to read and consider
- 240 • Include a section in the form that outlines how the provider can access online instructions for how
241 the provider can determine the status of the EFT enrollment
- 242 • Clearly label any appendix describing its purpose as it relates to the provider enrolling in EFT
- 243 • Inform the provider that it must contact its financial institution to arrange for the delivery of the
244 CORE- required Minimum CCD+ data elements needed for reassociation of the payment and the
245 ERA. See CORE Payment & Remittance (CCD+/835) Reassociation Rule.

246 **4.3.2. Master Template for Electronic Enrollment**

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

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

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

258 **4.4. CORE Electronic Safe Harbor for EFT Enrollment to Occur Electronically**

259 This rule provides an EFT enrollment “Electronic Safe Harbor” by which health plans, healthcare
260 providers, their respective agents, application vendors and intermediaries can be assured will be
261 supported by any trading partner. This EFT Enrollment Data Rule specifies that all health plans and their
262 respective agents must implement and offer to any trading partner (e.g., a healthcare provider) a secured⁷
263 electronic method (actual method to be determined by health plan or its agent) and process for collecting
264 the CORE-required Maximum EFT Enrollment Data Set. As an EFT enrollment “Safe Harbor,” this rule:

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

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

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

283 **4.5. Instructions for Electronic Enrollment**

284 A health plan must develop and make available to the healthcare provider or its agent specific written
285 instructions and guidance for the healthcare provider or its agent when providing and submitting the data
286 elements in the *CORE-required Maximum EFT Enrollment Data Set Companion Document*. The health
287 plan’s specific instructions and guidance are not addressed in this rule.

288 **4.6. Notifications for Electronic Enrollment Submissions**

289 **4.6.1. Confirmation of Receipt of an Electronic Enrollment Submission**

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

⁷ Electronic methods to secure the process for collecting the CORE-required Maximum EFT Enrollment Data Set could include user authentication measures including, multi-factor authentication, the use of security questions, etc.

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295 This confirmation of receipt should be provided for initial enrollment, disenrollment, and enrollment
296 changes. Examples of such information may include, but not limited to:

- 297 • Option to print and save a PDF
- 298 • View the enrollment status
- 299 • The status or an update of a previously submitted request
- 300 • Assignment of a transaction or reference control number
- 301 • A detailed timestamp, potentially including date, time, and time zone of the submission

302 **4.6.2. Confirmation of Completed Processing of an Electronic Enrollment Submission**

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

307
308 The notification should provide information about enrollment status. Examples of such information may
309 include, but not limited to:

- 310 • Status of the enrollment, disenrollment, or change
- 311 • Effective date
- 312 • Estimated date of first EFT and/or ERA transaction delivery; or date of last if a disenrollment

313 **4.7. Disclosure of Applicable EFT Fees**

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

316 **4.8. Alternative Electronic Payments Opt-in and Opt-out⁸**

317 A health plan or its agent must provide readily accessible guidance on how a provider can either opt in or
318 opt out of non-EFT electronic payment methods (e.g., virtual credit card) or additional value-added
319 services, if offered. The guidance, which is to be determined by the health plan or its agent must include:

- 320 • Instructions on how to opt-in or opt-out at any time
- 321 • Disclosure of associated fees, if known
- 322 • Provider consent process during opt-in

323 The list is not intended to be either exhaustive or prohibitive as the specific details of trading partner
324 relationships and payment agreements are outside the scope of this operating rule.

325 **4.9. Time Frame for Rule Compliance**

326 Not later than the date that is six months after the compliance date specified in any Federal regulation
327 adopting this rule, a health plan or its agent that uses a paper-based form to collect and submit the
328 CORE-required Maximum EFT Enrollment Data Set must convert all its paper-based forms to comply with
329 the data set specified in this rule. Should such paper forms be available at provider offices or other
330 locations, it is expected that such paper-based forms will be replaced.

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

⁸ A provider enrolled in EFT must receive notification and provide informed consent before any transition to an alternative electronic payment method can occur.

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

338 **5. Conformance Requirements**

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

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