

PROVIDER BULLETIN

No. 12-70

December 20, 2012

TO: All Providers Participating in the NE Medicaid Program
All Medicaid EDI Trading Partners

FROM: Vivianne M. Chaumont, Director
Division of Medicaid & Long-Term Care



BY: Kris Azimi, Medicaid Business Systems Coordinator

RE: **Affordable Care Act Requirements for HIPAA Electronic Transactions: Eligibility for a Health Plan (270/271) and Health Care Claim Status (276/277)**

Please Share This Information With Administrative, Billing and IT Staff and Trading Partners.

All HIPAA covered entities, including providers, clearinghouses and payers, are required to comply with the Affordable Care Act (ACA) requirements to implement the CORE Phase I and Phase II Operating Rules for two HIPAA transactions: eligibility for a health plan (270/271) and health care claim status (276/277). The compliance date for this regulation is January 1, 2013.

Nebraska Medicaid is working toward incorporating these changes. The estimated date of implementation is no sooner than July 1, 2013. There will be no change to the current batch processing of the 270/271 eligibility status transactions or the 276/277 claim status transactions.

NOTE: Nebraska Medicaid will continue to support Internet Access for Providers to Medicaid Claim Status Inquiry (MCCS) and Medicaid Client Eligibility Verification (RFS6). This service allows providers immediate access to claim status and client eligibility information. For more information, see http://dhhs.ne.gov/medicaid/Pages/med_internetaccess.aspx.

If you are not familiar with the Operating Rules, known as CORE Phase I and Phase II, they are available at no charge from the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange® (CORE) Web site at: http://caqh.org/ORMandate_Eligibility.php.

To accomplish the transition to the Operating Rules for the eligibility and claim status transactions, Nebraska Medicaid suggests the following:

Providers:

- Ensure compliance with CAQH CORE Operating Rules for the 270/271 Eligibility Status and 276/277 Claims Status transactions by working with your technical staff and vendors. More information can be viewed at: <http://www.caqh.org/COREv5010.php>
- If submitting the eligibility or claim status transactions through a clearinghouse, contact your trading partner to ensure a successful transition.

Trading Partners:

- Ensure compliance with CAQH CORE Operating Rules for the 270/271 Eligibility Status and 276/277 Claims Status transactions. More information can be viewed at: <http://www.caqh.org/COREv5010.php>
- Communicate regularly with providers regarding implementation plan, upgrades, testing, etc.

Please watch the DHHS Medicaid EDI Web page for future updates at:
http://dhhs.ne.gov/medicaid/Pages/med_edindex.aspx.

If you have questions regarding this bulletin, please submit them to
DHHS.ACAEDIAdminSimp@nebraska.gov or 866-498-4357 or 402-471-9461.

Notice of Future CORE Operating Rule Requirements:

There are new CORE Operating Rule requirements in the ACA for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA). The compliance date for these transactions is January 1, 2014. Known as CORE Phase III, these may also be viewed at:
http://www.caqh.org/CORE_phase3.php