

PROVIDER BULLETIN

No. 14-24

June 6, 2014

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

FROM: Ruth T. Vineyard, Deputy Director *RTV*
Division of Medicaid & Long-Term Care

BY: Kris Azimi
Medicaid IT Initiatives

RE: Affordable Care Act Administrative Simplification (AS)
Requirements for HIPAA Electronic Transactions: Electronic Funds
Transfer (EFT) and Electronic Remittance Advice (835).

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

This Provider Bulletin provides information for all providers enrolled in Nebraska Medicaid who render service to recipients in the Fee-for-Service (FFS) delivery system.

Note: Providers participating in the NE managed care delivery system should address EFT/ERA questions directly to the applicable managed care organization (MCO).

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 III Operating Rules for two HIPAA transactions:

- Electronic Funds Transfer (EFT)
- Remittance Advice (835).

Nebraska Medicaid is working toward incorporating these changes.

If you are not familiar with the CORE Phase III Operating Rules, 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://www.caqh.org/ORMandate_EFT.php.

Nebraska Medicaid's AS-EFT/ERA Project is working toward incorporating these changes in two Tracks. Providers and/or Trading Partners may see some changes when these are implemented:

Track 1 (Operating Rules 350 Dual Delivery, 360, 370, 380, 382):

Implementation Date: June 18, 2014.

- CORE Rule 350 Dual Delivery: Dual delivery of Remittance Advice (paper/electronic) will facilitate transition to electronic remits.
 - New billing providers can elect to receive dual delivery as part of enrollment for the ERA (835).
 - Temporary dual delivery during ERA implementation testing:
 - All new billing providers and existing providers switching from paper to electronic delivery of remittance advice will receive both paper RAs and ERAs during ERA implementation testing.
 - Temporary dual delivery will continue until three payments are complete, unless a provider declines paper RA delivery during implementation testing.
- CORE Rule 360: Uniform Use of Claims Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARCs) will change.
 - Medicaid CARCs/RARCs have been aligned to CORE-defined CARC and RARC combinations grouped by Business Scenario.
 - Nebraska-specific business scenarios for 139 and 411 code combinations were created.
- CORE Rule 370: Sending EFT and ERA reassociation data in CCD+ format becomes banking standard (See Provider Bulletin No. 14-23 for more details.).
 - This change ensures providers can use trace numbers to tie payments to remittance.
 - Providers need to contact their financial institutions to arrange for the delivery of the minimum CCD+ data elements necessary for reassociation.
- CORE Rules (380/382): New enrollment forms for EFT and ERA were created to conform to the flow and format of standardized data elements.
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- **Track 2 (Operating Rule 350 Connectivity):**

- A vendor to implement these changes has been selected, with implementation scheduled for later this year.
- Connectivity methods for 835 transactions will be expanded.
- Companion Guide templates will change.

Reference: See [CORE Operating Rules](#) for details on Phase III CORE Rules.

Questions?

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