

PROVIDER BULLETIN No. 15-10

Date: March 13, 2015

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

FROM: Calder A. Lynch, Director 
Division of Medicaid & Long-Term Care

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Medicaid IT Initiatives

RE: Affordable Care Act Administrative Simplification (AS) 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, IT Staff, and Trading Partners.

This is a follow-up to Provider Bulletin #14-36 dated October 27, 2014. This information is for providers and Trading Partners who submit HIPAA electronic transactions for eligibility status (270/ 271) and claim status (276/277).

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 addition of operating rules to standard transactions is expected to assist providers in receiving more robust and complete responses to their inquiries for eligibility and claim status information.

This change was implemented via two Tracks:

Track 1 (Operating Rules 154, 258, 259 and 260)

Track 1, implemented July 28, 2013, expanded the data content of the 270/271 Eligibility Status Transaction. For more information see: <http://dhhs.ne.gov/medicaid/Pages/AS-ECS.aspx>

Track 2 (Operating Rules 152, 153, 155, 156, 157, 250 & 270):

Track 2, implemented March 9, 2015, created the option for Trading Partners to use Hypertext Transfer Protocol Secure (HTTPS) across the public internet for the 270/271 and/or 276/277 transactions. While it is mandatory for Health Plans to offer this connectivity method, it is **optional** for Trading Partners to use. NE Medicaid will continue to support SFTP connectivity for all HIPAA X12 transactions.

○ **Changes:**

- Connectivity methods for the 270/271 Eligibility Status and 276/277 Health Claim Status transactions includes the addition of HTTPS.
 - Real-time responses for individual requests will be compliant with CORE Rules 155 & 156.
 - Trading Partners have the option to submit the 270/271 and/or 276/277 batch transaction(s) through HTTPS, as well as the existing SFTP connectivity methods.
 - Companion Guides follow the format/flow as defined by the CORE template and are posted on the EDI Submission Requirements (5010) web page: <http://dhhs.ne.gov/medicaid/Pages/edireq-5010.aspx>.
 - A static IP address is required by Trading Partners for each machine the Trading Partner uses for HTTPS connectivity.

NOTE:

- There is **no change** required of the current **batch** processing of the 270/271 eligibility status or the 276/277 claim status transactions through SFTP or for other HIPAA X12 transactions.
- **Nebraska Medicaid continues to support the four methods used today for verifying client eligibility.** For more information see the **Client Eligibility Verification** page at: http://dhhs.ne.gov/medicaid/Pages/med_eligibility.aspx.
- **Nebraska Medicaid continues 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 on Internet Access for Providers, 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.

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