

Bulletin Number: MSA 13-18

Distribution: All Providers

Issued: June 1, 2013

Subject: Affordable Care Act (ACA) Operating Rules for HIPAA Transactions - Eligibility 270/271 and Health Claim Status 276/277

Effective: July 1, 2013

Programs Affected: Adult Benefits Waiver (ABW), Children's Special Health Care Services (CSHCS), Children's Waiver Program (CWP), Medicaid, Medicaid Managed Care, Maternity Outpatient Medical Services (MOMS), Children's Serious Emotional Disturbance Waiver (SED), Plan First!

The purpose of this bulletin is to provide general information about the Michigan Department of Community Health's (MDCH) plan for compliance with the Affordable Care Act (ACA) Administrative Simplification provisions related to the operating rules for the Health Insurance Portability and Accountability Act (HIPAA) transactions of 270/271 (Eligibility Inquiry and Response) and 276/277 (Health Care Claim Status Request and Response). ACA Section 1104 requires all HIPAA covered entities to be compliant with applicable HIPAA standards and associated operating rules according to the mandated implementation dates. The ACA defines operating rules as "the necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications." With these changes, providers will have access to additional beneficiary eligibility information and more connectivity modes for requesting/receiving claim status.

MDCH Implementation

MDCH's adoption of the operating rules for HIPAA transactions will positively impact providers and decrease administrative burden by:

- Supporting the intent of the standards being implemented more consistently across health plans. For example, the operating rule requires MDCH and all other health plans to return patient eligibility and financial responsibility for a specified list of service type codes including, but not limited to dental, vision, medical, hospital inpatient, and emergency care.
- Providing guidance on conditional and ambiguous requirements that are currently in the standard.
- Specifying how trading partners, including providers, should communicate and exchange patient information, moving toward eliminating connectivity inconsistencies. For MDCH, this includes offering additional connectivity modes complying with the Committee on Operating Rules (CORE) Envelope Standards.

Effective October 1, 2013, providers must submit electronic healthcare transactions (270) and (276) in accordance with the ACA Operating Rules.

MDCH will no longer accept 270 transactions submitted in the previously accepted format (based on the existing 270/271 MDCH companion guide) on and after the compliance date. Instead, providers must follow the latest version of the 270/271 MDCH companion guide (version date – June 2013), which will represent the new mandated format.

While no new structural changes will be made or required for the 276/277 transactions to conform to ACA Operating Rules, a new real-time component will be made available to providers in order to achieve compliance with the rules. Refer to the supporting 276/277 MDCH companion guide and MDCH Electronic Submission Manual for more information regarding real-time transactions.

These requirements do not require providers to remove existing connections as long as the data format aligns with the new rules. Providers should already be in planning discussions with their information technology (IT) staff, vendor or clearinghouse to confirm they can support these new requirements.

MDCH Resource Documents

Effective July 1, 2013, Business-to-Business (B2B) testing will be available to providers until September 30, 2013 to prepare for compliance.

Instructions for B2B testing, Companion Guides, and other important information can be found on the MDCH website www.michigan.gov/mdch. A Frequently Asked Questions (FAQs) document is being developed along with additional guidance to assist and keep all providers apprised of Medicaid's progress and will be available on the MDCH website.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. Submitted e-mails must include your name, affiliation, and phone number so you can be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



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