

Update
December 2012

No. 2012-69

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare, Wisconsin AIDS/HIV Drug Assistance Program, Wisconsin Chronic Disease Program, Wisconsin Well Woman Program

To: All Providers, HMOs and Other Managed Care Programs

New Companion Guides for the 270/271 Health Care Eligibility/Benefit Inquiry and Information Response and the 276/277 Health Care Claim Status Request and Response Transactions

In compliance with the Health Insurance Portability and Accountability Act of 1996 Standards Operating Rules Federal Mandate, effective January 1, 2013, ForwardHealth will be publishing new companion guides for the 270/271 Health Care Eligibility/Benefit Inquiry and Information Response and the 276/277 Health Care Claim Status Request and Response transactions in a standardized format as required by the Council for Affordable Quality Healthcare Committee on Operating Rules for Information Exchange.

HIPAA Standards Operating Rules Federal Mandate for Eligibility and Claim Status Transactions

ForwardHealth is currently working toward adopting the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standards Operating Rules Federal Mandate for eligibility and claim status transactions, per section 1104 of the Administrative Simplification provisions of the Patient Protection and Affordable Care Act, which the federal government signed into law in 2010. Within section 1104, Congress requires the adoption of a single set of operating rules to ensure the uniformity of electronic transactions. As a first step toward compliance, ForwardHealth will be publishing new companion guides for the 270/271 Health Care Eligibility/Benefit Inquiry and Information Response (270/271) and the 276/277 Health Care Claim Status

Request and Response (276/277) transactions in a standardized format as required by the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE).

Note: The transaction formats implemented under HIPAA Accredited Standards Committee X12 version 5010 standards are not changing.

Enrollment verification and claim status inquiries via the ForwardHealth Portal or WiCall will not be changing. Additionally, Provider Electronic Solutions software will not be impacted.

The implementation of the data content, infrastructure rules, and connectivity rules within section 1104 will be announced in a future *ForwardHealth Update*. This implementation will impact providers, trading partners, and managed care organizations who exchange the 270/271 and 276/277 transactions with ForwardHealth. Refer to the CAQH CORE Web site at *www.caqh.org*/ for more information.

New Companion Guides

Beginning January 1, 2013, new companion guides for the 270/271 and 276/277 transactions will be available for

download on the ForwardHealth Portal at www.forwardhealth.wi.gov/. Only the formatting and not the content will be changing. The current companion guides for the 270/271 and 276/277 transactions will be available on the Portal until December 31, 2012.

The new companion guides will replace the current companion guides and will not include a summary of the formatting changes in the change summary. Future revisions to the companion guides will be documented in the change summary as they are with the current companion guides. For more information about revisions to companion guides, refer to the Companion Guides and NCPDP Version D.0 Payer Sheet topic (topic #459) in the Electronic Data Interchange chapter of the Resources section of the ForwardHealth Online Handbook.

Companion guides provide ForwardHealth-specific information for the 270/271 and 276/277 transactions and should be used with the national HIPAA Implementation Guides. Implementation Guides define the national data standards, electronic format, and values required for each data element within an electronic transaction.

Providers are encouraged to forward this *Update* to the appropriate technical or Electronic Data Interchange contact person or department within their organization, to their billing service or clearinghouse, or to their software vendor.

The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250