

Affected Programs: BadgerCare Plus, Medicaid
To: All Providers, HMOs and Other Managed Care Programs

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

In compliance with the Health Insurance Portability and Accountability Act of 1996 Standards Operating Rules Federal Mandate, ForwardHealth has revised the companion guides for the 270/271 Health Care Eligibility and Benefit Inquiry and Response and the 276/277 Health Care Claim Status Request and Response transactions.

HIPAA Standards Operating Rules Federal Mandate

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.

Companion Guides

The operating rules will be implemented in several phases. Phases I and II of the operating rules will be implemented on April 11, 2014, and to meet compliance standards, ForwardHealth has revised the companion guides for the 270/271 Health Care Eligibility and Benefit Inquiry and Response (270/271) and the 276/277 Health Care Claim

Status Request and Response (276/277) transactions. The companion guides are now available for download from the Trading Partner area of the ForwardHealth Portal at www.forwardhealth.wi.gov/.

In addition, ForwardHealth is creating a new Safe Harbor Connectivity (rule 270) companion guide which will be available by May 11, 2014.

As a first step toward compliance, ForwardHealth published new companion guidelines for the 270/271 and 276/277 transactions in a standardized format in January 2013 as required by the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE).

Phases I and II of the operating rules are focusing on the new mandated data content changes to the 271 eligibility transaction and only apply to the 270/271 and 276/277 transactions. As part of the Phase II changes, providers will be able to upload and download transactions to a new URL instead of using the Portal. Providers are not required to use the new URL and may continue submitting claims through the Portal. ForwardHealth will not provide software for providers to use the new URL. Providers should work with their software vendor, trading partner, or clearinghouse to prepare for these changes.

Future Implementations

Phase III of the operating rules will be implemented in August 2014 and will apply to the 835 Health Care Claim Payment/Advice. The processes for electronic funds transfer (EFT) and electronic Remittance Advice (ERA) may change with Phase III.

Phase IV of the operating rules will be implemented in January 2016 and will apply to the following transactions:

- 820 Health Care Payroll Deducted and Other Group Premium Payment for Insurance Products.
- 834 Benefit Enrollment and Maintenance.
- 837 Health Care Claim: Professional.
- 837 Health Care Claim: Institutional.
- 837 Health Care Claim: Dental.

Changes and revised companion guides related to phases III and IV will be announced in future *ForwardHealth Updates*. Refer to the CAQH Web site at www.caqh.org/ for more information.

The companion guides provide ForwardHealth-specific information that 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, their billing service or clearinghouse, or 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 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/.

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