

To: All AHCCCS 270/271 Trading Partners
Notice Date: 12/20/2012

CAQH CORE Phase I and Phase II Eligibility and Claims Status Operating Rules Overview and Upcoming Changes

Background

- The Health Care Affordable Care Act (ACA)Section 1104 **requires all HIPAA-covered entities** to adopt the Phase I & II CAQH CORE Eligibility & Claim Status Operating Rules by January 1, 2013. The rules pertaining to Acknowledgements are excluded.
- Department of Health and Human Services (HHS) names the Council for Affordable Quality Healthcare's (CAQH) CORE (Committee on Operating Rule for Information Exchange) as the authoring entity for Operating rules.
- Benefit: Administrative simplification and inter-operability
- An added layer to the X12 HIPAA Transactions that provides data content and infrastructure rules to help data flow
- CORE certification is voluntary and should not be confused with compliance to the Phase I and II Operating rules.

Upcoming Changes

AZ Batch 270 Eligibility request

No planned changes at this time.

AZ Batch 271 Eligibility response

Normalizing Name (Rule 258)

- Member's Last Name and First name will be normalized
- Suffix such as JR, SR, II, III, IV, or V will be removed
- Prefix such as MR, MRS, MS, or MISS will be removed
- Member name suffix will be reported in the 2100C/NM107 Suffix field
- Member name prefix is not used in the 271 transaction (2100C/NM106)
- Spaces in a member's name will be removed. Example: FULL MOON=FULL MOON
- Punctuations in a member's name will be removed.
Example: G'NIGHT=GNIGHT, FULL-MOON=FULLMOON
- If the Last name or First name is all spaces or only contains a character such as '.', return the value 'NOLAST' or 'NOFIRST'
- We will continue setting the 2100C/INS01 Maintenance indicator to 'Y' when the input for the member identifying information (ID, Last Name, First Name, DOB) differs from the request. Note: The indicator will always be present for names that have been normalized.

Service Type Codes (Rule 154 and Rule 260)

- Per the rule, in addition to supporting the 12 CORE required Service type codes in response to a generic inquiry, 39 Service type codes will be reported to support explicit requests
- In addition to covered Service type codes, non-covered Service type codes will be reported

- For each Enrollment record reporting covered Service types, a separate 2110C/EB loop containing non-covered Service Type codes in the EB03 will be reported.
 EB01=IND{AL^20{MC{003335FFS REGULAR
 REF{6P{ACU/FFS
 REF{M7{1013TANF 06-13 M & F NON-MEDI
 DTP{291{D8{20121212
 ...
EB01='I' (Non-covered)
 EB02=IND (Individual)
EB03 Service type= 'AL' (VISION -OPTOMETRY), '20' (Second Surgical opinion)

Note: The above values are for illustration purposes only. The supplemental 2115 LS/2120 LE loop will not be sent for the 2110C/EB Non-covered service types loop

AAA Error code Reporting Rule (Rule 259)

- Have the capability to report up to 9 occurrences of the 2100C/AAA segment for a Subscriber 2100C/EB Loop.
- Impose a limit of 25 batch 270 files per day per submitter.
- Return a 271 file with message code '04' (Authorized quantity exceeded) if the submitter exceeded the number of files threshold. The submitter would receive this 271 the following day and would be expected to resubmit the 270 request again.

Patient Financial Responsibility (Rule 260) – Co-pay

- The 2110C/EB01 Eligibility or Benefit Information code will be changed from 'D' (Benefit Description) to 'B' (Co-pay)
- Member Co-pay information will be modified to include:
 Co-pay Amount
 Co-pay Payment types: MANDATORY CO-PAY, NO CO-PAY, NOMINAL CO-PAY
 Co-pay Service types: OFFICE VISIT, GENERIC DRUG, etc.
- Members with a 'NO COPAY' (00) level will have Co-pay Service type descriptions with \$0 to report.

Share of Cost

- Use 2110C/EB03 Service Type code '54' (Long Term Care)
- Use 2110C/EB05 Insurance Type code 'LC' (Long Term Care)

Other changes:

- The 2110C/EB05 Mental Health Category description will be increased from 20 bytes to 40 bytes.

Documentation updates:

- The AHCCCS 270/271 Companion Guide will be updated to reflect the above changes.

Effective date:

The effective date of these changes will be implemented in phases. Trading Partners will have the ability to test these changes by submitting Test files to our Test region as they become available. We will provide change notices to Trading Partners as soon as the implementation dates for our Test and Production regions have been identified.

Planned future changes:

- Normalize a member's name on received 270 requests

Real-time eligibility 270/271

AHCCCS acknowledges this CORE Operating Rule requirement and is making every effort to comply; however, we have identified substantial system impacts that will delay the implementation of this type of transaction. We are in the process of determining the best system approach using the limited resources available.

Please note that with the implementation of v5010, AHCCCS has already incorporated some of the CORE Phase I and Phase II rules which are not mentioned in this document. These updates are outlined to reflect the additional changes that are required for compliance to the CORE Operating Rules.

Should you have any questions, please direct inquiries to: EDICustomerSupport@azahcccs.gov

Helpful links:

- CORE Phase I and Phase II Operating Rules can be found at:
http://www.caqh.org/ORMandate_Eligibility.php
- CORE FAQ: http://www.caqh.org/CORE_faq.php
- CORE Education presentations: http://www.caqh.org/CORE_Education_Events.php
- CMS Operating Rules: <https://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/OperatingRulesforHIPAATransactions.html>
- AHCCCS Website: <http://www.azahcccs.gov/commercial/EDIresources/consortium.aspx>
- To join the AHCCCS 270/271 ListServ: <http://listserv.azahcccs.gov/cgi-bin/wa.exe?SUBED1=ISD-EDI-270-271-PARTNERS-L&A=1>