

PROVIDER BULLETIN

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CORE Phase III System Enhancements

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CORE PHASE III CHANGES

All HIPAA-covered entities, including health plans, are federally mandated to adopt the Council for Affordable Quality Healthcare's (CAQH) Committee on Operating Rules for Information Exchange (CORE) [Phase III Operating Rules](#) for Electronic Funds Transfer (EFT) and Electronic Remittance Advices (ERA) effective January 1, 2014. As a health plan, the MO HealthNet Division (MHD) will implement the following system changes on December 22, 2013.

➤ Phase III CORE Rules Addressed:

- 350 Health Care Claim Payment/Advice (835) Infrastructure Rule
- 360 Uniform Use of Claim Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARCs) (835) Rule
- 370 EFT & ERA Reassociation (CCD+/835) Rule
- 380 EFT Enrollment Data Rule
- 382 ERA Enrollment Data Rule

350 HEALTH CARE CLAIM PAYMENT/ADVICE (835) INFRASTRUCTURE RULE

Wipro Infocrossing (Wipro) may be contacted to initiate Web Services Connectivity as an alternative option for request of Remittance Advice (835) transactions. Batch requests will be supported. If interested in setting up a web services connection, please contact the Wipro Technical Help Desk at (573) 635-3559. The Wipro Technical Help Desk will then work with your technical staff or those that process 835 transactions on your behalf to begin a process of establishing the new connection between the Trading Partner and Wipro. Information will

need to be shared between both parties and tests will be required before production files may be transmitted.

360 UNIFORM USE OF CARCS AND RARCS (835) RULE

CORE Rule 360 requires the uniform use of Claim Adjustment Group Codes (CAGC), CARCs, RARCs, and National Council for Prescription Drug Programs (NCPDP) Reject Reason Codes (Reject Codes) on provider remittance advices. Remittance advice information will reflect the CAGC, CARC, RARC, and NCPDP Reject Codes reporting requirements mandated by CAQH CORE for the defined business scenarios.

MHD will periodically update these code sets on the remittance advice to align with the latest version of [CORE code combinations](#) for the CORE defined business scenarios.

370 EFT & ERA REASSOCIATION (CCD+/835) RULE

Provider 835 remittance advice transactions will be released no sooner than three business days before and no later than three business days after the EFT payment date. Providers may still access a printable version of their remittance advice on the [eMOMED](#) provider portal.

380 EFT ENROLLMENT DATA RULE

Health plans are required to use the CORE mandated EFT enrollment format, flow, and data set. A new EFT Enrollment form has been developed and will replace the current Application for Provider Direct Deposit form. This form will be available for completion electronically as well as through a paper format.

The new online EFT Enrollment form will be incorporated in section three of the [Provider Enrollment Application](#). The [online EFT Enrollment form](#) will replace the Application for Direct Deposit form and will be available outside of the Provider Enrollment Application for updating EFT information and as an option for providers required to submit a paper provider enrollment application.

A [paper EFT Enrollment form](#) will still be an available option to providers. It will be revised to follow the flow and format of the CORE form. **If assistance is needed completing the EFT Enrollment form, please contact Missouri Medicaid Audit & Compliance (MMAC) at mmac.providerenrollment@dss.mo.gov.**

The online and paper versions of the EFT Enrollment form will be available on the [MMAC](#) website by January 1, 2014.

382 ERA ENROLLMENT DATA RULE

Health plans are required to use the CORE mandated ERA Enrollment format, flow, and data set. A new ERA Enrollment form has been developed and will be made available electronically from the [eMOMED](#) provider portal home page by January 1, 2014. The new online form will be used for new, changed, and cancelled enrollments. All providers will be required to fill out the new online ERA Enrollment form to enroll to receive an 835 or have it sent to a clearing house or agent. Providers who currently receive an 835 will not need to complete a new ERA Enrollment form; however, updates to ERA information will require a new ERA Enrollment form. **If assistance is needed completing the ERA Enrollment form, please contact the Wipro Technical Help Desk at 573/635-3559.**

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896