



## ACA OPERATING RULES

### FREQUENTLY ASKED QUESTIONS (FAQs)

#### 1. What are the ACA Operating Rules?

Section 1104 of the Administrative Simplification provisions of the Patient Protection and Affordable Care Act (ACA) established new requirements for administrative transactions that will improve the utility of existing HIPAA transactions and reduce administrative costs.

In Section 1104(b)(2) of the Affordable Care Act, Congress required the adoption of operating rules for the health care industry. It directed the secretary of Health and Human Services to adopt a single set of operating rules for each transaction to create as much uniformity as possible in the implementation of the electronic standards.

#### 2. Who develops the ACA Operating Rules?

The Council for Affordable Quality Health Care (CAQH) Committee on Operating Rules for Information Exchange (CORE) develops the draft rules and presents them to the National Committee on Vital and Health Statistics (NCVHS). NCVHS evaluates the proposal and issues a recommendation to the U.S. Department of Health and Human Services (HHS) to adopt the new operating rule. If approved, HHS will adopt the recommendation and issue the Operating Rule legislation.

#### 3. What do the ACA Operating Rules consist of and what is their status?

The following seven operating rules comprise the ACA administrative simplification provisions.

##### **Rules issued to date**

Eligibility & Claims Status Rule (Implemented 01/01/13) – Requires health plans to adopt standard infrastructure specifications (e.g., response time, down time, standard error codes, etc.).

Electronic Funds Transfer (EFT)/Remittance Advice (RA) Rule (Implemented 01/01/14) – Requires health plans to adopt standard Electronic Funds Transfer and Electronic Remittance Advice enrollment forms, re-association of the 835 & remittance advice, CCD+ Addenda file format to transmit payment information, and the adoption of standard business scenarios for Claims Adjust Reason Codes (CARCs) and Remittance Advice Remark codes (RARCs).



### **Operating Rules to be issued**

- Claims Attachments
- Enrollment/Disenrollment in a Health Plan
- Health Claims or Equivalent Encounter Information
- Health Plan Premium Payments
- Referral Certification and Authorization

#### **4. How does the EFT/RA Operating Rule affect MassHealth providers?**

- a. Effective 01/01/14, providers that enroll in, or modify, an existing EFT arrangement will be required to complete the new EFT enrollment modification form.
- b. Providers that sign up to receive the 835 electronic remittance advice or modify the receiver of their 835 transactions will be required to complete the new ERA enrollment modification form.
- c. Providers should contact their financial institutions to ensure they are ready to support the new CCD+ addenda file format used to transmit payment information.
- d. Providers may view the Trace Re-association Number (TRN) segment on the 835 transaction. MassHealth will continue to provide the voucher number and the invoice/Remittance Advice number to enable providers to re-associate the remittance and the payment.
- e. Providers may view the new CARCs and RARCs on their 835 transactions.

#### **5. Are providers required to adopt electronic funds transfer?**

The ACA EFT/ERA Operating Rule does not require providers to adopt EFT. However, the Massachusetts offices of the Treasurer and Comptroller have mandated that all providers accept payment via electronic funds transfer. If you do not currently receive payments via EFT, please contact MassHealth Customer Service at 1-800-841-2900 immediately to transition to EFT. The EFT Enrollment/Modification Form can be completed manually or electronically via the Provider Online Service Center (POSC). The Commonwealth of Massachusetts requires a “wet signature” on all EFT enrollments, modifications, and terminations. Therefore, both paper and electronic submissions must also be printed, signed, and mailed to the address below.

MassHealth Customer Service Center  
Attn: Provider Enrollment and Credentialing  
P.O. Box 9162  
Canton, MA 02021

#### **6. Did MassHealth make any other changes to the 835 transaction during the EFT/RA implementation?**

Yes, MassHealth modified the 835 transaction to provide the ability to reverse payments (e.g., voids and adjustments) in a compliant manner at the detail-line level. As of fall 2013, providers can view reversals at the detail-line level when the original payment is issued at this level. The reversal is identified with segment field

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CLPO2=22. Previously MassHealth only reversed payments at the header level. This 835 modification enables providers to support reversals at the same level in which the original claim was paid (header level or detail line level). Providers should ensure that their systems and business operations can support this modification.

## 7. Where can I find more information on the EFT/RA Operating Rule?

For additional information, please review the MassHealth All Provider Bulletin 239.

<http://www.mass.gov/eohhs/docs/masshealth/bull-2013/all-239.pdf>

You may also find more information on the EFT/RA Operating Rule at the following links.

<http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/Affordable-Care-Act/OperatingRulesandStandardsforEFTandRemittanceAdviceERA>

[http://www.cagh.org/CORE\\_faq.php](http://www.cagh.org/CORE_faq.php)

## 8. Are there other Administrative Simplification provisions of ACA that impact MassHealth or its providers?

Yes. There are two other administrative provisions that affect MassHealth and/or its providers:

- a. Certification of a Health Plan – The proposed rule, issued in December 2013, requires health plans to attest to the number of covered lives they support and the organization’s compliance with the ACA operating Rules. Once the final rule is issued, MassHealth will evaluate the rule and implement it in accordance with legislation.
- b. Health Plan Identifier Rule (HPID) (Health plans must implement by 11/07/16) – Requires health plans to adopt a unique 10-digit identifier that must be used on HIPAA transactions; it also provides an option for non-covered entities to voluntarily adopt an Other Entity Identifier (OEID) that can be used on HIPAA transactions. The rule also requires non-covered entities (interns, salaried physicians, etc.) to acquire a national provider identifier (NPI) and disclose it to submitters as required.

On October 31, 2014, CMS announced that it has delayed the enforcement of the adoption of the HPID until further notice. This was based upon a recommendation from the National Committee on Vital and Health Statistics to not require HIPAA-covered entities to use the HPID in HIPAA transactions adopted under the HPID final rule.

## 9. Whom can I contact if I have other questions about any of the ACA Administrative Simplification Provisions?

If you have additional questions, you may contact the MassHealth Customer Service Center at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

For more information, please visit the ACA website.

<http://www.mass.gov/eohhs/provider/insurance/masshealth/aca/>