



PROVIDER QUICK TIPS

#148

CAQH/CORE Changes to 270/271 Eligibility Transactions

As part of the Final Rule for Administrative Simplification, the Council for Affordable Quality Healthcare (CAQH)/Committee on Operating Rules for Information Exchange (CORE) is streamlining eligibility, benefits, and claims data for providers to receive more consistent information.

The 270/271 transaction updates, due to CAQH/CORE rules, must be made in the Eligibility Verification System (EVS).

The 270/271 transaction components affected include Interactive Voice Response System (IVRS), Inter/Intranet Web pages and Provider Electronic Solutions (PES) software.

The following changes to EVS will be effective January 1, 2013 (PES changes will occur on the next PES release date):

- Co-payment/deductible/co-insurance information will be displayed; this information is returned on request with date of service (DOS) up to two years from the system date.
- Multiple error codes will be returned on the 271; one for each error condition encountered.
- A new error code ~ 73 – *Invalid Missing Subscriber/Insured Name* will be added.
- Service Type Request search availability (IVR will not accept service type in the request).
- Eligibility for future date of service until the end of the current month will be returned.
- Improved searching by Name.
- Two new connectivity methods (HTTS/SOAP and HTTS/MIME) for submitting batch and interactive transactions.

Additional information regarding the CAQH/CORE changes can be found in the 270/271 Companion Guide located at the below link:

<http://www.dhs.pa.gov/publications/forproviders/promisecompanionguides>

Check the department's website often at: www.dhs.pa.gov
Thank you for your service to our Medical Assistance recipients.
We value your participation.