



MLN Matters®



Information for Medicare Fee-For-Service Health Care Professionals

Related Change Request (CR) #: 3883

MLN Matters Number: MM3883

Related CR Release Date: June 15, 2005

Related CR Transmittal #: 583

Effective Date: May 20, 2005

Implementation Date: August 22, 2005

Access Process for Beneficiary Eligibility Inquiries/Replies (HIPAA 270/271 Transactions) (Extranet Only)

Note: This article was updated on February 11, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

All physicians, providers, and suppliers billing Medicare

Provider Action Needed



STOP – Impact to You

This article is based on information from Change Request (CR) 3883, which states that the Centers for Medicare & Medicaid Services (CMS) is making changes to its Information Technology (IT) infrastructure. The goal is to address standards for Medicare beneficiary eligibility inquiries to create the necessary database and infrastructure to provide a centralized Health Insurance Portability and Accountability Act (HIPAA) compliant 270/271 health care eligibility inquiry and response on a real-time transaction.



CAUTION – What You Need to Know

In June 2005, only clearinghouses, certain providers and trading partners will be permitted to send 270 transactions via the Extranet, a secure, closed, and private network used to transmit data between Medicare carriers and intermediaries and CMS. CMS expects to provide limited access via the Internet for 270/271 transactions later this year.



GO – What You Need to Do

See the Background and Additional Information sections of this article for further details regarding these changes and manual revisions that explain how this access will work.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

Change Request (CR) 3883 states that CMS is making changes to its IT infrastructure to address standards for Medicare beneficiary eligibility inquiries. This IT change will create the necessary database and infrastructure to provide a centralized HIPAA-compliant 270/271 beneficiary health care eligibility inquiry and response in real-time.

Not only will these changes satisfy the current demand for a fully functioning HIPAA-compliant 270/271 eligibility transaction for FFS providers/submitters, they will also support (over time) a national provider telephone interactive voice response (IVR) as well as Internet eligibility queries.

The new infrastructure will support the 270/271 for Medicare and will use a central national Medicare eligibility database in processing these queries bypassing the current:

- Carriers,
- Durable Medical Equipment Regional Carriers (DMERCs), and
- Fiscal Intermediaries (FIs).

However, Medicare plans to continue to use the provider newsletters and web sites of the carriers, DMERCs, and FIs to share information on availability, enrollment, Internet use, and other pertinent information about the 270/271 as developments warrant.

The 270/271 implementation guide adopted for national use under HIPAA can be obtained at <http://www.wpc-edi.com/HIPAA> on the Washington Publishing Co. website.

A provider that prefers to obtain eligibility data in an electronic data interchange (EDI) format, but does not want to use the 270/271 Version 4010, may contract with a clearinghouse to translate the information on its behalf; however, that provider would be liable for those clearinghouse costs.

Access Process for Clearinghouses/Provider

To obtain access to the MDCN via the extranet, Clearinghouses and Providers must complete the 270/271 Access Form that can be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/AccessToDataApplication/index.html> on the CMS website. The 270/271 Access Form should be completed in full and submitted electronically. The electronic submitted form will be directed to both CMS staff and the CMS' Medicare Eligibility Integration Contractor (MEIC).

The CMS staff will ensure that all of the necessary information is provided on the form, as well as ensure the complete connectivity to the 270/271 application. The MEIC will be responsible for contacting the Clearinghouses, providers, and trading partners to authenticate the accessing entity's identity.

Once authentication has been completed, the MEIC will provide the Clearinghouses, Providers, and Trading Partners with a submitter ID that is required to be used on all 270/271 transactions. Testing will be coordinated by the MEIC. After successful testing, 270 production inquiries may be sent real-time.

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Note: To access the MDCN, an entity must on its own obtain the necessary telecommunication software from the AT&T reseller. The current AT&T resellers are:

- IVANS: <http://www.ivans.com>
- McKesson: <http://www.mckesson.com>

Future Requirement

CMS is developing an Attestation that all Clearinghouses and Providers will be required to agree to provisions concerning adherence of the HIPAA Privacy and Security Rule. This Attestation will be available for review through the Paperwork Reduction Act Process and will be available for public comment in the near future.

Additional Information

For complete details, including a list of data elements that will be provided in response to the 270 transaction, please see the official instruction issued to your Medicare carrier, including DMERCs, or FI regarding this change. That instruction may be viewed by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R583CP.pdf> on the CMS website.

If you have any questions, please contact your carrier/DMERC/intermediary at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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