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# CMS Manual System

## Pub. 100-04 Medicare Claims Processing

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Transmittal 583

Date: JUNE 15, 2005

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CHANGE REQUEST 3883

**NOTE:** *Transmittal 565, dated May 20, 2005 is rescinded and replaced with Transmittal 583, dated June 15, 2005. The following data was changed in the manual: MCARE email address, McKesson's website URL and removed service type codes 48, 49, 54, 70, AA, AH. All other information remains the same.*

**SUBJECT:** Access Process for HIPAA 270/271 (Extranet Only)

**I. SUMMARY OF CHANGES:** The Centers for Medicare and Medicaid Services (CMS) is making changes to its Information Technology infrastructure to address standards for Medicare beneficiary eligibility inquiries. This approach will create the necessary database and infrastructure to provide a centralized HIPAA compliant 270/271 health care eligibility inquiry and response in real-time.

**NEW/REVISED MATERIAL - EFFECTIVE DATE:** May 20, 2005

**IMPLEMENTATION DATE:** August 22, 2005

*Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual not updated.)  
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	Chapter / Section / SubSection / Title
	Table of Contents
R	31/10/X12N Health Care Eligibility Benefit Inquiry and Response 270/271 Implementation
R	31/10.1/Background
R	31/10.2/Eligibility Workflow
R	31/20.7/Health Care Claim Status Category Codes and Health Care Codes for Use with the Health Care Claim Status Request and Response ASC X12N 276/277
D	31/10/10.3/Eligibility Query Types
D	31/10/10.4/Intermediary and Carrier Responsibilities

<b>D</b>	31/10/10.5/Data Center Responsibilities
<b>D</b>	31/10/10.6/Provider/Network Service Vendor's Responsibilities
<b>D</b>	31/10/10.7/Supplemental CWF Module Information
<b>D</b>	31/10/10.8/Eligibility Queries Options and Work Flows
<b>D</b>	31/1/Purpose of chapter
<b>D</b>	31/30/Furnishing Claims Information to Complementary Insurers
<b>D</b>	31/40/ANSI X12N 278 - Electronic Referral Certification and Authorization
<b>D</b>	31/50/Related Internet Files Routinely Updated by CMS

**III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.**

**IV. ATTACHMENTS:**

<b>X</b>	<b>Business Requirements</b>
<b>X</b>	<b>Manual Instruction</b>
	<b>Confidential Requirements</b>
	<b>One-Time Notification</b>
	<b>Recurring Update Notification</b>

**\*Unless otherwise specified, the effective date is the date of service.**

# Attachment - Business Requirements

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**SUBJECT:** Access Process For HIPAA 270/271 (Extranet Only)

## I. GENERAL INFORMATION

### A. Background:

The Centers for Medicare and Medicaid Services (CMS) is making changes to its Information Technology infrastructure to address standards for Medicare beneficiary eligibility inquiries. This approach will 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 in real-time.

### B. Policy:

This CR will support the Health Insurance Portability and Accountability Act (HIPAA) Health Care Eligibility Benefit Inquiry and Response transaction (270/271).

## II. BUSINESS REQUIREMENTS

*"Shall" denotes a mandatory requirement*

*"Should" denotes an optional requirement*

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	N/A	X	X	X	X					

## III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3883.1	Contractors shall post this entire instruction, or a direct link to this instruction, on their Web site and include information about it in a listserv message within 1 week of the release of this instruction. In addition, the entire instruction must be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic.	X	X	X	X					

#### IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

##### A. Other Instructions: N/A

X-Ref Requirement #	Instructions

##### B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

##### C. Interfaces: N/A

##### D. Contractor Financial Reporting /Workload Impact: N/A

##### E. Dependencies: N/A

##### F. Testing Considerations: N/A

#### V. SCHEDULE, CONTACTS, AND FUNDING

<p><b>Effective Date*:</b> May 20, 2005</p> <p><b>Implementation Date:</b> August 22, 2005</p> <p><b>Pre-Implementation Contact(s):</b> Shari Kosko  <a href="mailto:Shari.Kosko@cms.hhs.gov">Shari.Kosko@cms.hhs.gov</a> 410-786-6159</p> <p><b>Post-Implementation Contact(s):</b> Robert Huffman</p>	<p><b>No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.</b></p>
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