DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

REVISED product from the Medicare Learning Network® (MLN):

- "**General Equivalence Mappings Frequently Asked Questions**," Booklet, ICN 901743, hard copy only.

MLN Matters® Number: MM8248 Revised   **Related Change Request (CR) #: CR 8248**

Related CR Release Date: April 8, 2013   **Effective Date: April 7, 2014**

Related CR Transmittal #: R1366OTN   **Implementation Date: April 7, 2014**

Termination of the Common Working File ELGA, ELGH, HIQA, HIQH, and HUQA Part A Provider Queries

Note: This article was revised on April 10, 2014, to reflect the revised CR8248 issued on April 8. The article was revised to remove reference to the queries being terminated in April 2014. The CR release date, transmittal number, and Web address for accessing the CR were also changed. All other information remains the same.

Provider Types Affected

This MLN Matters® Article is intended for providers and suppliers submitting claims to Medicare contractors (Fiscal intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and A/B Medicare Administrative Contractors (A/B MACs)) for services to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 8248 which informs Medicare contractors and providers that the Centers for Medicare & Medicaid Services (CMS) needs to eliminate the ELGA, ELGH, HIQA, HIQH, HUQA Part A queries since CMS can no longer support the approach of allowing providers online access to queries that are not HIPAA compliant.

Make sure that your billing staffs are aware of these changes. See the Background and Additional Information Sections of this article for further details regarding these changes.

Background

Effective April 1, 2013, CMS terminated the Common Working File (CWF) Part B provider query with CR 8086 (Termination of the Common Working File ELGB Provider Query). With CR8248, ELGA, ELGH, HIQA, HIQH, HUQA Part A queries will be terminated in the future. When the CWF ELGA, ELGH, HIQA, HIQH, HUQA Part A queries are eliminated, providers will need to use other query capabilities, such as the HIPAA Eligibility Transaction System (HETS).

In May 2005, CMS implemented the HETS transaction to provide HIPAA compliant eligibility queries and replies. Currently, many providers use HETS to obtain Medicare beneficiary information. Even though the CWF queries address the same business need, they are not HIPAA compliant and do not contain the same audit and security features as HETS. In addition, due to timing of updates to the databases used for these two query mechanisms, and due to differences in the way data is displayed, the responses could be different or appear different.

As a result, CMS is eliminating the CWF ELGA, ELGH, HIQA, HIQH, HUQA Part A queries. **Change Request 8248 creates the ability for CMS to terminate these queries. While termination was originally scheduled for April 2014, CMS is delaying the date. CMS will provide at least 90 days advance notice of the new termination date**.

Additional Information

The official instruction, CR 8248 issued to your FI, RHHI and A/B MAC regarding this change may be viewed at **http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1366OTN.pdf** on the CMS website.

For questions or more information about HETS, please visit the HETS Help Web Page at **http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/index.html** on the CMS website. If you experience any problems while using the HETS application, you can contact the Medicare Customer Assistance Re: Eligibility (MCARE) Help Desk at 1-866-324-7315 or email them at **mcare@cms.hhs.gov**.

If you have any questions, please contact your FI, RHHI or A/B MAC 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.