

Termination of Common Working File to Access Eligibility Information

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Earlier this year, the Centers for Medicare & Medicaid Services (CMS) announced that the Common Working File (CWF), which is used to access Medicare eligibility information, will be terminated. CMS advised all providers that use the CWF to transition to the Health Insurance Portability & Accountability Act (HIPAA) Eligibility Transaction System (HETS) as soon as possible. This transition was brought about because the CWF is not in a HIPAA-compliant data format. Although some CWF queries for Medicare Part B and durable medical equipment (DME) providers were terminated in April, queries such as Health Insurance Query Access (HIQA), the query of choice for Medicare skilled nursing facility (SNF) providers, will not be terminated until April 2014.

To access the HETS system, approved vendors and trading partners send an inbound request, in the form of a 270 transaction data file, and the information is returned as a response from HETS in the form of a 271 transaction data file. Providers can access the HETS system through the following methods:

- Providers can sign up directly with a CMS approved Network Service Vendor to send the outbound 270 files and receive the inbound 271 files. If providers choose to utilize this method, they would need to establish a separate interface to translate the information into a readable format and maintain systems in a way that meets CMS data requirements.
- The simplest approach to access HETS eligibility information would be to contract with a vendor that offers a user interface to transmit the 270 and 271 transactions and convert the information to a readable format. Options for this service include CMS approved connectivity vendors, billing clearinghouses, billing software vendors, billing service providers and websites available through some Medicare Administrative Contractors (MAC).
- Providers also can access the HETS system through the Individuals Authorized Access to the CMS Computer Services (IACS) system which is already being used by SNF providers to obtain the provider statistical and reimbursement report (PS&R) data for Medicare cost report purposes. Information on requesting and configuring this access is available in the IACS User Guide ([http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Downloads/IACS User Guide 2012 01.pdf](http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Downloads/IACS%20User%20Guide%202012%2001.pdf)).

What You Need to Know

- By April 2014, you will no longer have the option of accessing the CWF to make eligibility queries such as HIQA.
- Access to the Fiscal Intermediary Standard System (FISS) direct data entry (DDE) system will not change.

- Providers that access beneficiary information through their MAC's IVR system or web portal, or providers that use a billing clearinghouse or other service vendor to receive eligibility information, may not be affected by this change.

What You Need to Do to Prepare

- If your facility currently uses the CWF to access beneficiary information, you will need to talk to your current vendor to get access to the HETS system. There may be an additional cost from your vendor to access this information.
- If your facility chooses to access the HETS system through a vendor, it's still important that your staff know how to access information through the MAC's IVR system or web portal as an alternative, although the information may not be updated as frequently as the HETS system. Check with your MAC for specifics as to the timeliness of the information available.
- Emphasize to your staff the importance of having a solid understanding of where beneficiaries have been prior to admission to your facility to have an accounting of Medicare days used in addition to eligibility information available to you. It is also important to remember the eligibility information available to you from CMS is only as updated as claims billed; if patients are admitted to your facility from a provider that has not yet billed days to Medicare, those days will not be deducted from the benefit period at the time you request eligibility information.

About the author



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