HIPAA Eligibility Transaction System (HETS) Rules of Behavior

Scope

HETS provides access to Medicare eligibility data for certain Medicare Fee-for-Service (FFS) activities, such as preparing an accurate FFS claim. HETS is for health care providers and suppliers (collectively referred to as "providers") who submit Medicare claims to a Medicare Administrative Contractor (MAC). Providers accessing HETS must have an EDI enrollment to submit claims transactions to the MAC.

You may not use HETS to verify eligibility or coverage for Medicare Advantage (Part C) or Medicare drug (Part D) plans. HETS doesn't have this plan coverage and paid claims information. For Part C, submit your eligibility inquiry to the Plan. For Part D, use E1.

The Centers for Medicare & Medicaid Services (CMS) monitors inquiries in HETS, and we'll contact you if we find discrepancies. For example, we'll check if you submit a high ratio of eligibility inquiries compared to your FFS claims. If we suspect improper use or if you violate these rules of behavior, we may suspend you, place you on a corrective action plan, or refer you for investigation and you could be subject to other penalties, including civil or criminal actions.

Who Needs to Follow These Rules

All parties participating in functions or activities related to any part of a HETS transaction are subject to all applicable rules and regulations and must follow these rules to safeguard personally identifiable information (PII) and protected health information (PHI). Examples of parties participating in HETS transactions include:

- FFS health care providers
- Health care clearinghouses operating under a CMS Trading Partner Agreement
- Business associates of FFS health care providers or health care clearinghouses

HETS Rules of Behavior

1. Ensure sufficient security measures to associate every individual incoming transaction and response back to all parties who participate in any HETS transaction can be traced to an FFS provider user.
2. Only release eligibility data to enrolled FFS providers with a FFS EDI enrollment or their authorized HIPAA business associates to determine eligibility to submit an accurate FFS claim.
3. Reference these HETS Rules of Behavior in business associate contracts.
4. Cooperate with CMS or its agents and provide any information necessary to assist an investigation arising from a privacy or security concern with your transaction.
5. Disclose any offshore arrangements to the entity that connects to HETS for their CMS Trading Partner Agreement.
6. Don't purposefully manipulate or obscure the originating IP address.
7. Immediately inform CMS or one of its agents upon suspicion or actual knowledge of misuse of PII and/or PHI, including unauthorized access, use, or disclosure.
8. Don't disclose, lend, or otherwise transfer identification numbers and/or passwords.
9. Don't browse or use CMS data for personal gain or unauthorized or illegal purposes.

If you or any party working with you on any activity or function in HETS violates these rules, immediately inform CMS, and stop using HETS.

Disclaimers

HETS returns Medicare eligibility data from Medicare claims and source systems that feed the HETS database. This data is only as current as the timely filing of a claim or reported to the source system. You're responsible for contacting the beneficiary to get the most current information. For example, suppliers must contact the beneficiary before refilling an original order or prescription, even if the beneficiary authorized the supplier to automatically process it. This enables the supplier to ensure that the beneficiary needs a refill, the item is still reasonable and necessary, and the order or prescription hasn't changed (Medicare Program Integrity Manual, Chapter 5, Section 5.2.6). Relying solely on HETS date of death data could result in significant consequences if you bill for a deceased beneficiary.