CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1366	Date: April 8, 2014
	Change Request 8248

Transmittal 1313, dated November 7, 2013, is being rescinded and replaced by Transmittal 1366, dated April 8, 2014 to remove reference to the queries being terminated in April 2014. All other information remains the same.

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

I. SUMMARY OF CHANGES: CMS needs to eliminate the CWF ELGA/ELGH/HIQA/HIQH/HUQA Part A queries as we can no longer support the approach of allowing providers online access to CWF non-HIPAA compliant data.

EFFECTIVE DATE: April 7, 2014

IMPLEMENTATION DATE: April 7, 2014

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. 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 is not updated) R=REVISED, N=NEW, D=DELETED-*Only One Per Row*.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE			
N/A				

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers: No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment - One-Time Notification

Transmittal 1313, dated November 7, 2013, is being rescinded and replaced by Transmittal 1366, dated April 8, 2014 to remove reference to the queries being terminated in April 2014. All other information remains the same.

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

EFFECTIVE DATE: April 7, 2014

IMPLEMENTATION DATE: April 7, 2014

I. GENERAL INFORMATION

A. Background: Effective April 1, 2013, the Centers for Medicare and Medicaid Services (CMS) terminated the Common Working File (CWF) Part B provider query with Change Request (CR) 8086 "Termination of the Common Working File ELGB Provider Query." Continuing with the plan, ELGA/ELGH/HIQA/HIQH/HUQA Part A queries will be terminated in the future.

While the CWF ELGA/ELGH/HIQA/HIQH/HUQA Part A queries are eliminated, other query capabilities, such as the HIPAA Eligibility Transaction System (HETS) are available.

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 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 advanced notice of the new termination date.

B. Policy: There is no policy change associated with this CR.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility											
		A/B		D					Sha	red-		Other	
		MAC		M				System					
					E					Maintainers		ers	
		A	В	Н					F	M	V	C	
				Н	M				I	C	M	W	
				Н	A				S	S	S	F	
					C				S				
8248.1	The CWF shall terminate the											X	
	ELGA/ELGH/HIQA/HIQH/HUQA provider												
	queries.												

Number	Requirement	Responsibility																																																																
		A/B MAC				7		-								**												7						·								-		-														D M E				S	yst	ed- em ine		Other
		A	В	H H H	M A C			,	I	C	V M S	C W F																																																						
8248.2	The CWF shall create a screen display message that tells the user 'The ELGA, ELGH, HIQA, HIQH, and HUQA function is not available; use HETS, ARU or Web Portal' when the query function is attempted.											X																																																						
8248.3	The FISS shall terminate the capability of a provider to access the CWF HUQA query.							2	X																																																									
8248.4	The MACs shall use HETS to provide beneficiary eligibility information for their ARUs or Web Portals.	X		X																																																														
8248.4.1	The J5 and J8 A/B MACs shall not implement Business Requirement 8248.4.	X																																																																

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility											
				A/B MAC						M			Other
		A	В	H H H	M A C								
8248.5	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X									

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Rick Wolfsheimer, 410-786-6160 or Richard. Wolfsheimer@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.