
Program Memorandum Intermediaries/Carriers

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

Transmittal AB-00-132

Date: DECEMBER 27, 2000

CHANGE REQUEST 1494

SUBJECT: Clarification Regarding Release of Medicare Eligibility Data

This Program Memorandum (PM) is to clarify manual instructions released to the intermediaries (Transmittal 1803) and Carriers (Transmittal 1673) on August 3, 2000, under CR # 1231. Recent clarification requests from intermediaries are as follows:

1. What is meant by “special arrangements?”
2. Would installing a security module be considered a “special arrangement?”
3. Should we continue to allow access to HUQA (Part A Inquiry Data), because a “special arrangement” is necessary to receive access?
4. Is giving access to eligibility data via telecommunication protocol (LU6.2) considered a “special arrangement?”

Special arrangement means extra work that must be done so that the vendor can sell a service to providers, e.g., installing the vendor’s own software, creating special code, modifying the HUQA/HIQA (Part A Inquiry Screen Display) data records, etc. We do not consider installing an appropriate security module a “special arrangement.” Installation of a security module is only to protect access to appropriate data. If a module allows access to information other than the HIQA/HUQA, such as the Health Insurance Master Record or history, it does not provide appropriate security, and may not be used to provide access to providers or vendors.

You may make changes to a security module when such changes are required due to modifications in our systems, such as changes to the Common Working File (CWF). You are not to make vendor-specified programming changes. Software modules or communication protocols that you make available to all providers and vendors are not “special arrangements.”

You are required to give access to any network service vendor that requests access on behalf of a provider, in the same way that you make eligibility data available to providers. It is your responsibility to validate that a provider/vendor agreement grants vendor access to eligibility information on behalf of the provider. If you currently make eligibility data available via LU6.2 protocols, you should continue. If you do not currently use LU6.2, you are not required to implement it.

Intermediaries will continue to give access to eligibility data to vendors and providers using the HIQA or the HUQA until the Health Insurance Portability and Accountability Act of 1996 (HIPAA) is implemented. When HIPAA is implemented, vendors/providers will no longer have access to the HIQA/ HUQA records. Instead, a vendor/provider will send an inquiry to you in the American National Standards Institute, Accredited Standards Committee (ANSI ASC) X12N 270 format. Then you will go to the CWF to access the HUQA record for that beneficiary, translate it into the ANSI ASC X12N 271format, and return that response to the vendor/provider.

The *effective date* for this PM is not applicable.

The *implementation date* for this PM is not applicable.

These instructions should be implemented within your current operating budget.

This PM may be discarded after December 27, 2001.

If you have further questions or concerns regarding “special arrangements,” or any of these issues, please discuss them with us. You may contact Jean Gross, by e-mail (Jgross3@hcfa.gov) or phone (410-786-6159), or Gladys Wheeler, by e-mail (Gwheeler@hcfa.gov) or phone (410-786-0273).