
Program Memorandum Intermediaries

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal A-02-065

Date: JULY 24, 2002

CHANGE REQUEST 2234

SUBJECT: Implementation of the Transmission Control Protocol/Internet Protocol (TCP/IP) for the Health Insurance Portability and Accountability Act (HIPAA) Health Care Eligibility Benefit Inquiry and Response Transaction (270/271) Standard

This Program Memorandum (PM) provides instructions for fiscal intermediaries (FIs) and the common working file (CWF) to implement the TCP/IP connection for the Health Care Eligibility Benefit Inquiry and Response (270/271) transaction.

As explained in Transmittal A-02-013, dated February 8, 2002, FIs must support provider access to eligibility information using TCP/IP. The FIs will build upon their existing network connectivity to provide a TCP/IP port connecting to the CWF supplied module. The CWF supplied module already provides a TCP/IP socket interface to the same eligibility function as the LU6.2 interface. The interface also runs in a CICS mainframe environment. Providers will be able to dial into the FIs gateway and connect directly to the CWF module through an IP socket. The provider/vendor must have supporting software and technical expertise to implement this communication method.

By November 1, 2002, FIs must notify all providers, third-party provider billing services, provider clearinghouses, and vendors in a regularly scheduled bulletin that the implementation of the TCP/IP connection for the 270/271 will be available January 1, 2003.

The *effective date* for this PM is July 1, 2002.

The *implementation date* for this PM is January 2, 2003.

This PM may be discarded after October 31, 2004.

Funding is available through the regular budget process for costs required for implementation.

Medicare contractor questions concerning this PM may be directed to Jean Gross, (410) 786-6159, or e-mail jgross3@cms.hhs.gov.

Any provider, clearinghouse or other vendor questions related to this PM should be directed to their servicing Medicare intermediary.