

HETS TRANSITION FAQ

What is happening?

CMS has announced it will migrate Part A provider eligibility inquiries from the Common Working File (CWF) to the HIPAA Eligibility Transaction System (HETS) on November 13, 2020. Since CMS intends to terminate access to the HIQA, ELGA, ELGH and HIQH eligibility systems, providers should exclusively use HETS for eligibility transactions following this change.



Timeline

CMS announced in 2012 that it would discontinue the health insurance eligibility transactions using the CWF. From 2012 through 2016, CMS released a series of implementation dates, followed by delays. In 2016, CMS announced a three-year delay in terminating eligibility inquiries from CWF. In April 2019, CMS required CWF users to register their NPI in PECOS to gear up for the transition to HETS. CMS officially gave notice that it will transition eligibility inquiries from the CWF to HETS on November 13, 2020.

Is CWF going away?

No, the CWF remains. You'll still have access to claim status inquiries, working RTP claims and claim corrections.

How can eSolutions help?

If you're an eSolutions customer, eSolutions' Medicare Eligibility currently supports using HETS (Medicare EDI) for eligibility queries.

If you're not an eSolutions customer, now is the time to learn about our products! Our powerful eligibility tools return the most patient coverage data within the fastest response time from Medicare, Medicaid and commercial payers. eSolutions find the real-time coverage providers need, when they need it, helping you reduce rejections and denials while improving cash flow. You get 24/7 eligibility response delivered in a convenient dashboard without the hassle of logging into FISS/DDE to manually determine eligibility.

What if I am not setup for HETS in eSolutions Medicare Eligibility?

The eSolutions team is working to give Medicare Eligibility (real-time and batch) clients access to HETS in order to make this transition seamless. Please make note of the following:

- Ensure your provider NPIs are registered in PECOS in order to access HETS.
- Once eSolutions grants you access to HETS, you will notice a slight change when you open an Add New Request window. The new Medicare EDI payer will appear in the same payer drop down with the Medicare HIQA/HIQH Payer.
- Your billing will not be impacted when HETS has been added to your account.

Please contact your Account Representative if you have questions about these changes.

What if I'm already set up for HETS?

If you are running HETS eligibility queries only, your organization doesn't need to take action and nothing will change within your eSolutions Eligibility product.

For additional information, please refer to the [HETS web page on the CMS website](#).

What if my provider is not enrolled with HETS?

Per direction from the Centers for Medicare & Medicaid Services (CMS), effective August 1, 2019, eligibility must be obtained through the HIPAA Eligibility Transaction System (HETS). Eligibility may also be obtained by enrolling for the HETS 270/271. This capability allows customers to submit HIPAA compliant 270 eligibility request files over a secure connection and receive 271 response files. Please visit the [CMS HETS website](#) or contact the [MCARE Help Desk](#) (866-324-7315) to enroll today.

What if my facility runs Medicare Eligibility Batch?

The Medicare Eligibility batch process will not change. Customers may upload batches as they do today. eSolutions will request Medicare eligibility using the HETS system (previously HIQA/H). Eligibility results will be returned using the existing reports.

Are we still able to identify discrepancies on Medicare beneficiaries?

The discrepancy feature is dependent on the HIQA/H eligibility system. Once migrated to HETS, customers will no longer be able to identify discrepancies on Name, DOB, or Gender.