CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1140	Date: November 2, 2012
	Change Request 8086

SUBJECT: Termination of the Common Working File ELGB Provider Query

I. SUMMARY OF CHANGES: CMS needs to eliminate the CWF ELGB query as we can no longer support the approach of allowing providers online access to CWF non-HIPAA compliant data.

EFFECTIVE DATE: April 1, 2013
IMPLEMENTATION DATE: April 1, 2013

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

Pub. 100-20	Transmittal: 1140	Date: November 2, 2012	Change Request: 8086

SUBJECT: Termination of the Common Working File ELGB Provider Query

EFFECTIVE DATE: April 1, 2013
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I.   GENERAL INFORMATION

A.   Background: Medicare providers use the Common Working File (CWF) ELGB query to obtain Medicare beneficiary information; however, the Centers for Medicare and Medicaid Services (CMS) must eliminate this use of CWF ELGB by providers because it is not Health Insurance Portability and Accountability Act (HIPAA) compliant. The CWF ELGB query is not HIPAA compliant due to the incoming query and the outgoing response is not in the X12 format. CMS is required by HIPAA to use the proper format when exchanging this information with any covered entity, which applies to all users of this query.

As a result, CMS acknowledges the need to eliminate the CWF ELGB query. CMS will no longer support the approach of allowing providers online access through this mechanism.

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

II.   BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility									
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
		Part A	Part B					FISS	MCS	VMS	CWF	
8086.1	The CWF shall terminate the ELGB provider query.										X	
8086.2	The MCS shall terminate the capability of a provider to use the PPTN application for CWF ELGB provider query access.								X			
8086.2.1	The MCS shall create a screen display message that tells the user 'The ELGB function is not available; use HETS, IVR or Web Portal' when the query function is attempted.								X			
8086.3	The VMS shall terminate the capability of a provider to use the VPIQ application for CWF ELGB provider query access.									X		
8086.3.1	The VMS shall create a screen display message that									X		

Number	Requirement	Responsibility								
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers			Other
		Part A	Part B					FISS	MCS	VMS	CWF	
	tells the user 'The ELGB function is not available; use HETS, IVR or Web Portal' when the query function is attempted.										

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		DME MAC	FI	CARRIER	RHHI	Other
		Part A	Part B					
8086.4	MLN Article : A provider education article related to this instruction will be available at http://www.cms.hhs.gov/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		X		

IV.   SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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 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

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