

FOR IMMEDIATE RELEASE

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**ACCESS TO FISS HIQA and HIQH TO CHECK PATIENT
MEDICARE ELIGIBILITY TO BE TERMINATED IN 2013**

The Department of Health and Human Services Centers for Medicare and Medicaid Services announced last week in MLN Matters Number SE1249 that effective April 2013, access to CWF eligibility query functions implemented in the Multi-Carrier System (MCS) and ViPS Medicare System (VMS) also referred to as PPTN and VPIQ will be terminated. CMS intends to terminate access to other CWF eligibility queries implemented in the Fiscal Intermediary Standard System (FISS) Direct Data Entry (DDE), often referred to the HIQA, HIQH, ELGA, and ELGH screens and HUQA soon thereafter. This will not affect the use of DDE to submit claims or correct claims.

According to the CMS announcement, providers that currently use CWF queries to obtain Medicare health insurance eligibility information for the Medicare fee-for service patients, should immediately begin transitioning to the Medicare Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS).

In response to last week's CMS announcement that access to the Common Working File (CWF) will be terminated in April, 2013, **FGA, Inc.** a leading outsource billing and electronic transaction processing vendor for the Home Health Care industry located in Piscataway NJ, announced that its **ReChek** Eligibility Verification product meets the requirement for providers to verify eligibility utilizing Medicare's Eligibility Transaction System (HETS).

Frank Giannantonio, President of **FGA Inc.** said **ReChek**, available since 2006, allows providers to check Medicare Patient Eligibility in Real Time and receive back a human readable response that can be either viewed or printed in HTML or PDF format. According to Giannantonio, most homecare agencies are currently utilizing the Medicare FISS system to verify patient eligibility and determine prior Medicare episode activity at the time of referral and admission to the homecare agency. This announcement by CMS will require agencies to find another solution.

John Morris, VP Operations of **FGA** further explained that providers can enroll to access the Medicare Eligibility Transaction System (HETS) directly however that enrollment requires the provider to test both their connectivity and the 270/271 transactions with the HETS system. In addition once approved the HETS system only allows for a provider to submit a 270 eligibility inquiry and receive back a 271 eligibility response in its raw data format. It does not provide the 271 response in a human readable format.

Morris reiterated that ***ReChek*** is currently using the Medicare HETS system to submit and retrieve eligibility responses and ***FGA*** can immediately begin enrolling providers with no testing required.

For more information about ***ReChek*** or ***FGA*** visit www.fgainc.com or contact us at 732-752-7052.