



Center for Medicaid and CHIP Services

CMCS Informational Bulletin

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FROM: Cindy Mann, Director
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SUBJECT: **Clarification on State Medicaid Manual Vendor Access to Eligibility**

The Centers for Medicare & Medicaid Services (CMS) is providing clarification to Section 2080.18, State Contracts with Outside Parties to Verify for Providers a Medicaid Recipients Eligibility of the State Medicaid Manual. The guidance was created for the eligibility verification process in which vendors have direct access to Medicaid Management Information Systems (MMIS) utilizing a proprietary method for verification of real time eligibility. Since the issuance of this guidance, CMS adopted the Health Insurance Portability and Accountability (HIPAA) standards of X12 transactions. The guidance stated in the State Medicaid Manual does not impact the number of trading partners who can and are able to submit batch or real-time Electronic Data Interchange (EDI) transactions utilizing the 270/271 transactions.

By law, all covered entities, including health plans, providers and clearinghouses, must be in compliance with the updated versions of the transaction standards adopted on January 19, 2009, by January 1, 2012. The updated versions of the X12 Version 5010 and NCPDP Telecommunication D.0 and Medicaid Subrogation 3.0 standards must be used by covered entities to exchange electronic transactions between trading partners. Small health plans have until January 1, 2013 to implement NCPDP 3.0.

If you have questions about this Informational Bulletin, please contact Thomas Novak at Thomas.Novak@cms.hhs.gov or 215-861-4216.