



Centers for Medicare & Medicaid Services (CMS)
7500 Security Boulevard
Baltimore, MD 21244-1850

Authorized Representative (AR)
Role and Responsibilities

Version: 1.0

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Revision History

Table 1. Revision History

Version	Date	Revision/Change Description	Pages Affected
1.0	01/31/2020	Initial release	All

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1. Introduction

The Centers for Medicare & Medicaid Services (CMS) requires that the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS) system be used in accordance with the *HETS 270/271 Rules of Behavior*. This document provides additional confirmation that the Authorized Representative (AR) understands that he/she is responsible for their organization's system knowledge, behavior, and commitment to ensure Submitter behavior is compliant with the *HETS 270/271 Rules of Behavior*.

- Appendix A of the Trading Partner Agreement (TPA) includes a link to the *HETS 270/271 Rules of Behavior*. Please understand that as the signer of this agreement, you are responsible for ensuring that all tenets of that agreement, including compliance with the *HETS 270/271 Rules of Behavior*, are upheld.
- Specifically, a key item in the *HETS 270/271 Rules of Behavior* is that HETS can be used to VERIFY eligibility, not DETERMINE eligibility. CMS monitors this closely, so please ensure that your staff and the Medicare Providers/Suppliers that are the end users also understand this rule. CMS expects Medicare Providers/Suppliers to have a conversation with the patient or their representative to determine what kind of insurance coverage they have prior to verifying that patient's insurance benefits.
- CMS reminds Submitters that if there are any changes to your organization information that is listed on the TPA (including organization name or DBA, individual people's names, phone numbers, email addresses, etc.), then it is the same organization's responsibility to submit an amended TPA immediately. Failure to do so may result in the suspension of the organization's access to HETS 270/271 until a new TPA is submitted and validated.
- CMS also reminds Submitters that it is the Submitter's responsibility to create Submitter Identification/National Provider Identifier (ID/NPI) relationships via the HETS Desktop (HDT). The Submitter is also responsible for maintaining these relationships, including severing relationships when no longer active. If your organization is no longer working on behalf of a customer, your organization should immediately terminate that Submitter ID/NPI relationship in HDT.

Appendix A: References

Table 2. References

Document	Hyperlink
HETS 270/271 Rules of Behavior	https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/HETSHelp/Downloads/EligibilityTransactionSystemInquiriesRulesofBehavior.pdf

Appendix B: Acronyms

Table 3. Acronyms

Acronym	Definition
AR	Authorized Representative
CMS	Centers for Medicare & Medicaid Services
HDT	Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS) Desktop
HETS	Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
ID	Identification
MCARE	Medicare Customer Assistance Regarding Eligibility (Help Desk)
NPI	National Provider Identifier
TPA	Trading Partner Agreement

Appendix C: Glossary of Terms

Table 4. Glossary of Terms

Term	Acronym	Definition
Centers for Medicare & Medicaid Services	CMS	CMS is a Federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children’s Health Insurance Program, and health insurance portability standards.
HIPAA Eligibility Transaction System (HETS) Desktop	HDT	The HDT is an Internet-facing application that assists clearinghouses in validating Medicare Legacy Provider and National Provider Identifier numbers.
HIPAA Eligibility Transaction System	HETS	HETS allows the release of eligibility data to Medicare Providers, Suppliers, or their authorized billing agents for the purpose of preparing an accurate Medicare claim, determining Beneficiary liability, or determining eligibility for specific services. There are two ways to inquire for eligibility. See HETS 270/271 and HETS User Interface.
Department of Health and Human Services	HHS	HHS is a Cabinet department of the United States government with the goal of protecting the health of all Americans and providing essential human services.
Health Insurance Portability and Accountability Act	HIPAA	Title I of the Health Insurance Portability and Accountability Act protects health insurance coverage for workers and their families when they change or lose their jobs. Title II of the Health Insurance Portability and Accountability Act, known as the Administrative Simplification provisions, requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans, and employers.
Medicare Customer Assistance Regarding Eligibility Help Desk	MCARE Help Desk	The MCARE Help Desk is a single point of contact for all submitters facing inquiries regarding the HETS eligibility systems.



Term	Acronym	Definition
National Provider Identifier	NPI	An NPI is a unique 10-digit identification number issued to health care providers in the United States by Centers for Medicare & Medicaid Services. Covered health care providers and all health plans and health care clearinghouses must use the NPI in the administrative and financial transactions adopted under Health Insurance Portability and Accountability Act.
Submitter ID Number	SID	The Submitter ID number is the value that identifies your organization to the HETS 270/271 system.