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~~MEDICARE HIPAA ELIGIBILITY TRANSACTION~~  
SYSTEM (HETS) TRADING PARTNER  
AGREEMENT (TPA)

CMS-Version 4.3



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## FORM INSTRUCTIONS

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Check 1 box to indicate the type of Agreement you're submitting.

Initial Trading Partner Application

Annual TPA Recertification

Other TPA Update

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## CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) TRADING PARTNER AGREEMENT

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For the use of the Medicare Health Insurance Portability and Accountability Act of 1996 (HIPAA) Eligibility Transaction System (HETS) to share health care eligibility inquiry and response transactions.

This Trading Partner Agreement ("Agreement") is made on <Enter Date> between CMS and <Enter Trading Partner Name> .

The Trading Partner intends to conduct eligibility transactions with CMS in electronic form. Both parties acknowledge and agree that data privacy and security are the highest priority. Each party agrees to take all steps reasonably necessary to ensure all electronic transactions between them conform to HIPAA and its regulations. Unless defined in this Agreement, all terms have the same meaning as in the regulations established to implement the Administrative Simplification provisions of HIPAA at 45 CFR Parts 160-164.

### **PAPERWORK REDUCTION ACT (PRA) DISCLOSURE STATEMENT**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0960. This information collection is per the federal law that requires CMS to take precautions to minimize the security risk to federal information systems who (Trading Partners) wants to connect to the HETS 270/271 system via the CMS Extranet and/or Internet to provide their details to identify, assign a unique name, agree to the HETS Rules of Behavior and the HETS Authorized Representative Roles and Responsibilities terms as a condition of receiving protected Medicare eligibility information.

The time required to complete this information collection is estimated to average less than 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory per HIPAA regulations that require covered entities to verify the identity of the person requesting PHI and the person's authority to have access to that information. Under the HIPAA Security rules, covered entities, regardless of their size, are required under 45 CFR Subtitle A, Subpart C 164.312(a)(2)(i) to "assign a unique name and/or number for identifying and tracking

user identity." If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## I. BACKGROUND

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CMS maintains the integrity and security of Medicare health care data according to applicable laws and regulations. The Privacy Act of 1974 (Privacy Act) and HIPAA restrict the disclosure of Medicare beneficiary eligibility data. HETS may be used ONLY for business functions of health care providers and suppliers (collectively referred to as "providers") with respect to Medicare Fee-for-Service (FFS). HETS may not be used for any other purpose, including that it may not be used by providers who may also participate in the Medicare FFS system with respect to any non-Medicare-FFS patients.

We administer HETS as a covered entity under HIPAA rules. HETS uses the ASC X12 270/271 standard. This Agreement is for non-CMS entities that want to obtain Medicare eligibility information. We will use information in this Agreement to establish connectivity, define data exchange requirements, and explain the responsibilities of HETS Trading Partners.

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## II. AUTHORIZED USES

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You may only use Medicare eligibility data for Medicare FFS activities, including preparing accurate FFS claims or determining eligibility for certain services. The HETS Rules of Behavior, referenced in Appendix A, specifies what activities are authorized and unauthorized.

You may not electronically store, reuse, or disclose Medicare beneficiary Protected Health Information (PHI) you get from HETS, except:

- To record transaction processing history
- For security procedures, like routine system backups for disaster recovery
- To update patient records in the Medicare FFS provider's system

You and your Business Associates, as defined by 45 CFR § 160.103, must comply with the HETS Rules of Behavior when you store data.

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## III. SYSTEM INTEGRITY

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CMS monitors inquiries in HETS, and we will contact you if we find discrepancies. For example, we will check if you submit a high ratio of eligibility inquiries compared to your FFS claims. If we suspect improper use or if you violate the HETS Rules of Behavior, we may suspend your HETS

access, place you on a corrective action plan, or refer you for investigation and you could be subject to other penalties, including civil or criminal actions.

#### IV. CONNECTIVITY

You can connect to HETS via the extranet or internet.

- Extranet: o Transmission Control/Internet Protocol (TCP/IP)
- Internet:
  - o Simple Object Access Protocol (SOAP) + Web Services Description Language (WSDL)
  - o Hypertext Transfer Protocol (HTTP) / Multipart Internet Mail Extensions (MIME)
 You must submit the required information in Appendix B to request connectivity. Review the HETS 270/271 Companion Guide for more information.

#### V. ASSURANCES

Your access to HETS is contingent on your assurances in this section. We can revoke HETS access without notice if we determine that you are not complying with these assurances.

You agree to and assure:

No. Assurance	Agreement
1. I will abide by all applicable federal laws, regulations, and guidance governing access to, use, and disclosure, of: <ul style="list-style-type: none"> <li>• CMS data</li> <li>• PHI as defined in 45 CFR § 160.103</li> <li>• Personally Identifiable Information (PII) as defined in OMB Memorandum M-17-12 (January 03, 2017))</li> </ul> I understand that individuals or entities may be subject to civil or criminal penalties for failing to abide by such provisions.	governing access <input type="checkbox"/> Agree <input type="checkbox"/> Disagree
2. I will cooperate with CMS and its contractors to test the transmission and processing systems to ensure the accuracy, timeliness, completeness, and security of each data transmission before initiating any transmission in HIPAA standard 270/271 transaction format, and through the term of this Agreement.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
3. I will take reasonable care to ensure the information I submit in each electronic transaction is timely, complete, accurate, and secure, and I will take reasonable precautions to prevent unauthorized access of the transmission and processing systems. I will ensure that each electronic transaction I submit to CMS conforms with the requirements applicable to the transaction.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

4. I will only submit electronic transactions for an active enrolled Medicare FFS provider or as a Business Associate working on behalf of a provider serving active enrolled Medicare FFS beneficiaries. I agree to notify CMS when my relationship with a Medicare FFS provider begins and ends. Agree Business Associates  must provide current information about the FFS providers for whom they  submit transactions pursuant to the HETS Rules of Disagree Behavior. I understand and agree that CMS reserves the right to confirm the status of a Business Associate relationship with a FFS provider directly.

5. I will notify CMS of a change in Business Associate representation as required by the HETS Rules of Behavior.  Agree  Disagree

6. I will comply with the HETS Rules of Behavior, referenced in Appendix A, including referencing the HETS Rules of Behavior in Business Associate contracts.  Agree  Disagree

7. This Agreement takes effect and is binding when both CMS and I sign.  Agree  Disagree

8. Notwithstanding any expiration or termination of this Agreement, I understand that my obligation survives to ensure the privacy and security of PHI and PII and the confidentiality of CMS proprietary information, and to comply with federal and state laws and regulations that apply to this information.  Agree  Disagree

9. If I perform Medicare work offshore (any location outside of the United States where U.S. law is non-binding), I attest to the terms specified in Appendix D. If I do not perform any Medicare work offshore or directly employ any offshore labor, I will mark this assurance as 'Not Disagree Applicable.'  Agree  Indirectly  Not Applicable

The person listed below must be authorized to bind your organization as a HETS Trading Partner. By completing and signing the section below, you agree that your organization will comply with the provisions of this Agreement.

Trading Partner Authorized Representative Signature	Title
Printed Name of Trading Partner Authorized Signer	Date Signed
Telephone Number	E-Mail Address

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## APPENDIX A – REFERENCES – REQUIRED

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### **HETS Rules of Behavior**

The [HETS Rules of Behavior](#) explains your responsibilities to get and use Medicare eligibility data. You must comply with the HETS Rules of Behavior to use HETS.

### **HETS Authorized Representative Roles and Responsibilities**

The [Authorized Representative \(AR\) Roles and Responsibilities](#) explains your role as the Trading Partner Authorized Representative. It is written confirmation you understand your responsibilities related to HETS.

### **Acknowledgement**

You must acknowledge to complete this Agreement:

- I acknowledge I read, understand, and will follow the HETS Rules of Behavior. I also shared the HETS Rules of Behavior with my customers or users and will enforce compliance.
- I acknowledge I read, understand, and will follow the HETS Authorized Representative Roles and Responsibilities.

**APPENDIX B – INFORMATION TO REQUEST ACCESS TO HETS – REQUIRED**

**Trading Partner Organization’s Information:**

You must complete all fields in this table.

Trading Partner Organization Name:		Trading Partner Organization Legal Business Name:	
Trading Partner Organization Billing Address:			
City	State	Zip Code	
Trading Partner Organization Physical Address:			
City	State	Zip Code	
Trading Partner Organization Technical Representative Name:			
Trading Partner Organization Technical Representative Telephone Number:		Trading Partner Organization Technical Representative E-mail Address:	
<p><b>Note:</b> CMS requires only one National Provider Identifier ( NPI) from an active and valid enrolled Medicare provider on this form. You’ll have the opportunity to provide other NPIs later.</p>			
Medicare Provider’s Name:		Medicare Provider’s NPI:	

**Trading Partner Organization Security Officer Contact Information (Optional):**

Name: (Optional)	Title: (Optional)
Telephone number: (Optional)	E-mail address: (Optional)

**APPENDIX C – CONNECTIVITY – REQUIRED**

Indicate the type of connectivity.

Extranet:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Name of Network Service Vendor (NSV) used	
Internet:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Message Envelope Used	<input type="checkbox"/> SOAP + WSDL <input type="checkbox"/> HTTP MIME Multipart

Trading Partner IP Address(es) for SOAP/MIME transaction (if sending multiple IP addresses, use a Classless Inter-Domain Routing (CIDR) notation, i.e., 192.0.1.0/24) SOAP + WSDL and HTTP MIME Multipart submitters only must fill out the fields below.

IP Address(es):	
X.509 Digital Certificate Issuer Name:	
X.509 Digital Certificate Type:	
X.509 Digital Certificate Serial Number:	

**If you use SOAP + WSDL or HTTP MIME Multipart, you must include a copy of your organization's public x.509 digital certificate as a separate attachment. We won't process agreements without a copy of the public digital certificate.**

I agree to include the originating IP address on every transaction to HETS. We'll revoke your HETS access if you purposefully manipulate or obscure the originating IP address(es).

**APPENDIX D – OFFSHORE DATA PROTECTION – SITUATIONAL (IF YOU HAVE OFFSHORE ARRANGEMENT)**

**Offshore Data Protection Safeguards**

Affirm all the following safeguards are actively in place.

**Attestation of Safeguards to Protect Beneficiary Information Offshore**

**No. Assurance**

**Agreement**

1. Offshore arrangement includes policies and procedures to ensure Medicare beneficiary PHI and PII privacy and security, and CMS proprietary information confidentiality.  Agree  Disagree

2. Offshore arrangement prohibits access to Medicare data not associated with the offshore agreement.  Agree  Disagree

3. Offshore arrangement includes policies and procedures to immediately terminate offshore work if there's a significant security breach.  Agree  Disagree

4. Offshore arrangement will take reasonable precautions to prevent unauthorized access to the parties' transmission and processing systems.  Agree  Disagree

5. Offshore arrangement must comply with the HETS Rules of Behavior (Appendix A).  Agree  Disagree

The Trading Partner Authorized Representative must be able to attest to the Offshore Data Protection Safeguards Appendix D of the Agreement. Please complete the table below and then check the box at the bottom of the form to acknowledge your offshore data protection responsibilities.

Offshore Work Site Organization Name*	Offshore Work Site Organization Address including Country Name*	Offshore Work Site Organization Originating IP Address(es)*
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