2350 Huntingdon Pike
Huntingdon Valley, PA 19006
t (888) 306-1257
f (888) 306-1258

April 28, 2026

Attention PayDC Clients

CMS Health Eligibility Transaction System (HETS) Attestation

CMS is rolling out a new management approach for the Medicare Health Eligibility Transaction System (HETS) Electronic Data Interchange (EDI), and it comes with a new compliance step.

HETS is a foundational system for verifying Medicare eligibility and benefits. Going forward, Medicare providers and suppliers must complete annual attestation of authorized third-party relationships with trading partners that submit 270 eligibility inquiries and receive 271 eligibility responses.

CMS is requiring this attestation to ensure that only authorized parties receive Medicare eligibility data. Typically, providers contract with clearinghouses to act as a middleman and obtain patient eligibility information to give to a provider. CMS requires that every provider organization attest that each clearinghouse accessing Medicare eligibility data on their behalf is authorized to do so.

What does this mean?

- As a provider, you may have entered into a contract with a clearinghouse to check or verify Medicare beneficiary eligibility. If you have, then Medicare is now requiring you to attest to the fact that you want that entity to access eligibility on your behalf. This will be done on an annual basis. For PayDC clients that use Inovalon to check Medicare beneficiary eligibility then you will need to attest utilizing Inovalon's HETS number listed below. PayDC does NOT directly perform beneficiary eligibility.

- If you do not attest, it may not affect claim submission, but it may delay reimbursements. For example, you do not attest that this vendor or clearinghouse may verify eligibility on your behalf, so after 5/12/26, CMS will not release this information to the vendor/clearinghouse. They may still submit the claims, but you would have to wait until the ERA report comes back to verify that the patient is in fact enrolled in Medicare. If they are, Medicare will process the claim as usual. If they are not enrolled, you may have wasted a lot of time before realizing this patient is no longer enrolled in Medicare Part B or Railroad Medicare.

- Please note, PayDC software submits claims for you but does NOT check Medicare eligibility for you.

2350 Huntingdon Pike
Huntingdon Valley, PA 19006
t (888) 306-1257
f (888) 306-1258

What do I need to do?

- Check your clearinghouse or a vendor that may be checking Medicare eligibility for your practice.

- Check in your PECOS account, the correct PECOS authorized/ delegated representative, who will complete the attestation and ensure they're prepared to act. This maybe you, a staff member or spouse.

- Complete the attestation through the Medicare contractor website. You will also have to attest with Railroad Medicare through Palmetto GBA. If you contract with additional Medicare carriers, then attest with them as well.

- The attestation must be completed by **May 11, 2026**, to avoid disruptions in Medicare eligibility inquiries.

- This attestation should be done for all NPI's associated with your practice.

What Information do I need to Attest?

- Your NPI (National Provider Identifier),

- PTAN (Provider Transaction Access Number),

- The Unique ID provided by your vendor or clearinghouse. (Contact your vendor/clearinghouse for this ID number). Note: PayDC clients that use Inovalon for insurance eligibility will need to use the following information:

    - HETS ID: **VQAS**
    - Submitter Name: **Inovalon**

- The person signing the form must be an Authorized or Delegated Official. Office staff or third-party vendors are generally not permitted to sign on the provider's behalf except if you assigned that staff member to be an authorized/delegated representative on your PECOS account.

- You may also need the beginning date of your contractual relationship with the clearinghouse or vendor. It is possible that CMS may already have this information on file

2350 Huntingdon Pike
Huntingdon Valley, PA 19006
t (888) 306-1257
f (888) 306-1258

and if they do, the date will be provided to you in your attestation. If it is not provided, you can check with the clearinghouse/vendor.

- The same holds true for any contractual relationships that have been terminated. The date of the termination is needed. If it has not been terminated, there is a box to check that documents this date is not applicable.

Use these links to Attest:

- Use the link for your Medicare contractor. Will most likely be under the Electronic Billing- EDI category. Search for HETS EDI Attestation.

- For RR Medicare through Palmetto GBA - **https://dominoapps.palmettogba.com/palmetto/providers.nsf/files/EDI_Hets_Enrollment_Guide.pdf/$FILE/EDI_Hets_Enrollment_Guide.pdf**

For Additional Information on HETS:

- **https://www.cms.gov/data-research/cms-information-technology/hipaa-eligibility-transaction-system-hets/hets-edi-how-enroll**

Respectfully,

PayDC Support Team