

Beneficiary Eligibility Suite of Systems Transactions (BESST) Overview

Northrop Grumman was awarded the BESST contract to provide software development and maintenance services for this critical suite of applications serving the Centers for Medicare & Medicaid Services' (CMS) providers, clearinghouses and trading partners.

CMS is mandated by Health Insurance Portability and Accountability Act (HIPAA) to comply with the national Electronic Data Interchange (EDI) standards for healthcare eligibility inquiry/response. This mandate requires standardization of the EDI environment to improve the efficiency and effectiveness of the nation's healthcare delivery system.

In addition, CMS is moving toward an information-centered approach for recordkeeping, with an initial focus on beneficiary data. The objective of this approach is to establish a common enterprisewide information solution that will provide better data integration throughout the Medicare program. The realization of this objective will significantly improve the way beneficiary information is stored, maintained and reported.

BESST is composed of the following systems:

- **HETS-270/271**—HIPAA requires compliance with the national EDI standards for healthcare eligibility inquiry/response. This mandate required a standardization of the EDI environment that would improve the efficiency and effectiveness of the nation's healthcare delivery system, to meet HIPAA's administration simplification provisions. HETS adopted ASC X12N 270/271 HIPAA Eligibility Transaction System Inquiry and Response, the national EDI standard, as the cornerstone of its EDI approach.
- **HETS-UI**—While EDI provided an effective eligibility solution for the larger provider organizations and clearinghouses, independent providers were discouraged by the need to support EDI and the Extranet. Therefore, the HETS-UI system was developed to offer a user-friendly, Internet-based approach to the community of authorized healthcare providers who need immediate access to beneficiaries Eligibility, Managed Care Organization, Managed Secondary Payor, Home Health, ESRD, Skilled Nursing Facility, and Preventive data on a 24x7 basis.
- **CBO/CSR**—Community Based Organizations (CBOs) work to boost enrollment for those elements of the population most in need of outreach activities. When a CBO contacts CMS on the behalf of one or more beneficiaries, it is necessary for the Customer Service Representative (CSR) to determine the eligibility of the beneficiary. The CBO/CSR system delivers critical eligibility data now in a near real-time manner through the CSR software.