Centers for Medicare & Medicaid Services
Office of Technology Solutions

Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System: HETS 270/271

R2017Q400 Release Summary Document

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1. Introduction

The purpose of this document is to inform submitters of upcoming changes to the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS) 270/271 application, which will be implemented with HETS 270/271 R2017Q400 Release.

2. Overview of Release

The HETS R2017Q400 Release introduces several changes to the HETS 271 response.

The following section documents the details for R2017Q400 changes.

3. Summary of Impact on Trading Partners

3.1 Preventive HCPCS Code Changes

Effective with this release, HETS 270/271 will now only return Preventive HCPCS code information for the current date (and not the current calendar year). For example, a 270 request submitted on the date of October 1, 2017, including Preventive HCPCS code 80061 would now receive the following response:

> EB*C***MB**23*0******HC|80061~
> DTP*292*D8*20171001~
> EB*A***MB**27*0******HC|80061~
> DTP*292*D8*20171001~

Instead of the current HETS 271 response:

> EB*C***MB**23*0******HC|80061~
> DTP*292*RD8*20170101-20171231~
> EB*A***MB**27*0******HC|80061~
> DTP*292*RD8*20170101-20171231~

3.1.1 Newly Supported Preventive HCPCS Codes

Effective with this release, HETS 270/271 will now support the following Preventive Healthcare Common Procedure Coding System (HCPCS) codes:

- 81528
- G0297
- G0442
- G0443
- G0472
- G0473
- G0475

All normal business rules apply to these new Preventive HCPCS codes. Refer to Sections 7.2 and/or 7.10 of the HETS 270/271 Companion Guide for additional information.

3.1.2 IPPE HCPCS Code Changes

Effective with this release, HETS 271 responses may return Initial Preventive Physical Benefit (IPPE) Preventive HCPCS code information differently. The IPPE HCPCS codes (G0402, G0403, G0404, and G0405) may, in certain circumstances, return a 271 2110C EB loop indicating that the Medicare Beneficiary is ineligible for this service. Below is a sample 271 2110C EB loop reflecting this circumstance:

> EB*6**30*MB*********HC|G0402~

3.1.3 Preventive HCPCS Code Financial Changes

Effective with this release, HETS 270/271 will no longer return Preventive HCPCS code financial information for Qualified Medicare Beneficiary (QMB) periods when the Beneficiary is dual-eligible for both Medicare and Medicaid for the entire year. See Section 3.3 of this document for additional information about QMB.

3.2 Updated Medicare Secondary Payer (MSP) Insurance Type Codes

Effective with this release, HETS 270/271 will now return two additional Medicare Secondary Payer (MSP) Insurance Type Codes for applicable Medicare beneficiaries. The new codes that can be returned in the 2110C EB04 element are:

- AP – Auto Insurance Policy – this indicates a No-Fault Medicare Set-Aside Arrangement (NFMSA)
- LT – Litigation – this indicates a Liability Medicare Set-Aside Arrangement (LMSA)

All normal business rules apply to these new MSP Insurance Type codes. Refer to Section 7.20 of the HETS 270/271 Companion Guide for additional information.

3.3 HETS 271s May Include Qualified Medicare Beneficiary (QMB) Data

Effective with this release, HETS 271 responses will include a 271 2110C loop for applicable Beneficiaries to indicate periods during which the Beneficiary is enrolled in the Qualified Medicare Beneficiary (QMB) program. QMB-enrolled Beneficiaries are dually eligible for both Medicare and Medicaid. Beneficiaries who are enrolled in the QMB program are not liable for Medicare co-insurance or deductible payments. Submitters should note that when the 271 2110C EB04 = QM, the DTP segment will reflect only periods of QMB enrollment within the calendar year or spell. Note that QMB status may fluctuate for a minority of Beneficiaries. If the HETS response indicates the Beneficiary QMB enrollment has terminated, please verify the patient's QMB status through State online Medicaid eligibility systems or other documentation, including Medicaid Identification cards and documents issued by the State proving the patient qualifies for the QMB program.

QMB periods will only be returned in the 271 when the Beneficiary has the appropriate Medicare entitlement and the QMB enrollment intersects at least one of the following:

- One day within a calendar year contained in the request date(s) or unique DOEBA year of any spell being returned
- The DOEBA-DOLBA of any spell being returned
- The current date

Below are some examples of QMB benefit information as it will be returned in the HETS 271 response:

- Example of a QMB Enrollment Period returned in a 271 2110C loop:

  EB*R***QM*State QMB Plan~ (EB05 = State Code + "QMB Plan")
  DTP*290*RD8*CCYYMMDD-CCYYMMDD~ (DTP02 = D8 if the QMB Period is ongoing, RD8 if the QMB period has an end date)

- Example of a QMB Part A Base Deductible Period returned in a 271 2110C loop:

  EB*C**30*QM*Medicare Part A*26*0~
  DTP*291*RD8*CCYYMMDD-CCYYMMDD~

- Example of a QMB Part A Hospital Days Base returned in a 271 2110C loop:

  EB*B**30*QM*Medicare Part A*26*0~
  HSD***DA**30*0~
  HSD***DA**31*60~
  HSD*****26*1~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)
  EB*B**30*QM*Medicare Part A*7*0~
  HSD***DA**30*60~
  HSD***DA**31*90~
  HSD*****26*1~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)

- Example of a QMB Part A Hospital Days Base as Remaining returned in a 271 2110C loop:

  EB*B**30*QM*Medicare Part A*26*0~
  HSD***DA**29*60~
  HSD*****26*1~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)
  EB*B**30*QM*Medicare Part A*7*0~
  HSD***DA**29*30~
  HSD*****26*1~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)

- Example of a QMB Part A Hospital Days Remaining returned in a 271 2110C loop:

  EB*B**30*QM*Medicare Part A*26*0~
  HSD***DA**29*50~
  HSD*****26*1~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within spell DOEBA/DOLBA when Beneficiary is dual eligible for Medicare and Medicaid)
  EB*B**30*QM*Medicare Part A*7*0~
  HSD***DA**29*30~
  HSD*****26*1~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within spell DOEBA/DOLBA when Beneficiary is dual eligible for Medicare and Medicaid)

- Example of a QMB SNF Days Base returned in a 271 2110C loop:

  EB*B**AG*QM*Medicare Part A*26*0~
  HSD***DA**30*0~
  HSD***DA**31*20~
  HSD*****26*1~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)
  EB*B**AG*QM*Medicare Part A*7*0~
  HSD***DA**30*20~
  HSD***DA**31*100~
  HSD*****26*1~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)

- Example of a QMB SNF Days Base as Remaining returned in a 271 2110C loop:

  EB*B**AG*QM*Medicare Part A*26*0~
  HSD***DA**29*20~
  HSD*****26*1~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)
  EB*B**AG*QM*Medicare Part A*7*0~
  HSD***DA**29*80~
  HSD*****26*1~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)

- Example of a QMB SNF Days Remaining returned in a 271 2110C loop:

  EB*B**AG*QM*Medicare Part A*26*0~
  HSD***DA**29*20~
  HSD*****26*1~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within spell DOEBA/DOLBA when Beneficiary is dual eligible for Medicare and Medicaid)
  EB*B**AG*QM*Medicare Part A*7*0~
  HSD***DA**29*80~
  HSD*****26*1~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within spell DOEBA/DOLBA when Beneficiary is dual eligible for Medicare and Medicaid)

- Example of a QMB Part A Lifetime Reserve returned in a 271 2110C loop:

  EB*K**30*QM*Medicare Part A*7*0~
  DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)

- Example of a QMB Part B Base Deductible returned in a 271 2110C loop:

  EB*C**30*QM*Medicare Part B*23*0~
  DTP*291*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)

- Example of a QMB Part B Coinsurance returned in a 271 2110C loop:

  EB*A**30*QM*Medicare Part B*27*0~

DTP*291*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when Beneficiary is dual eligible for Medicare and Medicaid)

Refer to Section 7.21 of the HETS 270/271 Companion Guide for additional information.

3.4   QMB Periods in the 271 Will Result in Changes to Non-QMB Period 271 Financial Data

Effective with this release, financial data in the HETS 271 response will appear differently for non-QMB periods for Medicare Beneficiaries that have at least one QMB period intersecting the current date and/or the calendar (years) of the date/date range of the 270 request. As outlined in Section 3.3, QMB periods will be returned as separate entitlement periods with independent financial details. Non-QMB periods returned on the 271 response will be adjusted to illustrate that they are separate from a QMB period. Below is an example of how non-QMB periods will adjust to reflect the presence of a QMB Period (sample reflects a short QMB period occupying just one month of a larger, multi-year date range on the 270 request).

- Example of a QMB Part A Base Deductible Period returned in a 271 2110C loop – QMB period of January 1, 2017 – January 31, 2017 only:

      EB*C**30*QM*Medicare Part A*26*0~
      DTP*291*RD8*20170101-20170131~

- Example of a Non-QMB Part A Base Deductible Period returned in a 271 2110C loop – the non-QMB entitlement excludes the one month QMB period of January, 2017:

      EB*C**30*MA**26*1316~
      DTP*291*RD8*20170201-20171231~
      EB*C**30*MA**26*1288~
      DTP*291*RD8*20160101-20161231~

3.5   Change to 271 Hospice Occurrence Count

Effective with this release, HETS 271 responses will only include the Hospice Occurrence Count if the Medicare Beneficiary has Part A Entitlement. If the Medicare Beneficiary does not have Part A Entitlement, the Hospice Occurrence Count benefit will not be returned on the 271.

All other normal Hospice Care period business rules apply. Refer to Section 7.16 of the HETS 270/271 Companion Guide for additional information.

3.6   Change to 271 Hospital Spell Dates

Effective with this release, HETS 271 responses will return the DOEBA and DOLBA dates of all hospital spells intersecting the current date and/or the calendar (years) of the date/date range of the 270 request. This data will be returned in the HETS 271 response regardless and is not contingent on any specific Service Type Code (STC) or HCPCS code in the 270 request.

Example of updated Hospital Spell Data returned in a 271 2110C loop for a 270 request submitted on September 1, 2017 for a Date of Service of October 1, 2016 – September 1, 2017:

      EB*D**30*MA~
      DTP*292*RD8*20170828-20170901~ (intersects the current date when the
      request was submitted)
      DTP*292*RD8*20170301-20170415~ (within the request dates)
      DTP*292*RD8*20161015-20161225~ (within the request dates)

3.7   Change to Part A/Part B Free Services

Effective with this release, HETS 271 responses will return the Part A Free Services date(s) within a single 271 2110C loop EB segment with the potential for multiple DTP segments, regardless of what calendar year they fall within. Similarly, HETS 271 responses will return the Part B Free Services date(s) within a single 271 2110C loop EB segment with the potential for multiple DTP segments, regardless of what calendar year they fall within. Finally, both Part A and Part B Free Services will only be returned for non-QMB Periods.

Example of updated handling of Part A/ Part B Free Services on the 271 response effective with this release:

```
EB*C**42^67^AJ*MB**23*0~
DTP*292*RD8*20170101-20171231~
DTP*292*RD8*20160101-20161231~
```

3.8   Change to 271 Hospital/SNF Co-Payment Detail

Effective with this release, HETS 271 responses will be modified to utilize a different 271 2110C EB06 qualifier to differentiate between Hospital/SNF Full Days Co-Payment amount and Coinsurance Co-Payment amount.

HETS currently returns separate, but very similar EB loops for Hospital/SNF Full Day and Coinsurance Co-Payment amounts. Both loops currently utilize a 271 2100C EB06 value of '7'. In order to improve clarity, HETS 271 will now utilize a 271 2110C EB06 value of '26' for Hospital/SNF Full Days Co-Payment amount per Part A spell. HETS will continue to return a 271 2110C EB06 value of '7' for Hospital/SNF Coinsurance Co-Payment amount. Example of updated handling of Hospital/SNF Co-Payment detail effective with this release:

Hospital Days Base

```
EB*B**30*MA**26*0~ (EB07 = $0 for Medicare Part A Copayment per Part A Spell)
HSD***DA**30*0~ (From Day 1)
HSD***DA**31*60~ (Thru Day 60)
HSD*****26*1~ (Per Part A Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when no QMB enrollment is present)
EB*B**30*MA**7*329~ (EB07 = $ Amt for Medicare Part A Copayment Days)
HSD***DA**30*60~ (From Day 61)
HSD***DA**31*90~ (Thru Day 90)
HSD*****26*1~ (Per Part A Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when no QMB enrollment is present)
```

Instead of the current HETS 271 response:

Hospital Days Base

```
EB*B**30*MA**7*0~ (EB07 = $0 for Medicare Part A Copayment Days)
HSD***DA**30*0~ (From Day 1)
HSD***DA**31*60~ (Thru Day 60)
HSD*****26*1~ (Per Part A Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when no QMB enrollment is present)
```

EB*B**30*MA**7*329~ (EB07 = $ Amt for Medicare Part A Copayment Days)
HSD***DA**30*60~ (From Day 61)
HSD***DA**31*90~ (Thru Day 90)
HSD*****26*1~ (Per Part A Spell)
DTP*435*RD8*CCYYMMDD-CCYYMMDD~ (Dates within calendar year when no QMB enrollment is present)