Centers for Medicare & Medicaid Services
Office of Technology Solutions

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

R2018Q100 Release Summary Document

Version 1.4

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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 R2018Q100 Release.

2.   Overview of Release

The HETS R2018Q100 Release introduces several changes to the HETS 271 response.

The following section documents the details for R2018Q100 changes.

3.   Summary of Impact on Trading Partners

3.1   Modify Eligibility/Benefit Information Code for Medicare Advantage plan data on 271

Effective with this release, HETS 270/271 will now return a 271 2110C EB01 value of "U" when the Beneficiary is enrolled in a Medicare Advantage plan. HETS 270/271 previously returned a value of "R" in this data element. CMS is making this change to emphasize that while HETS does return basic Medicare Advantage plan information, CMS strongly recommends that Medicare Providers/Suppliers contact the Medicare Advantage plan directly to confirm the Beneficiary's Medicare Advantage plan eligibility information. Example of the updated eligibility response:

          EB*U**30*IN~

Appendix A. Record of Changes

Table 1 provides a summary of changes made to this document.

Table 1 - Document Revision History

Version	Date	Description of Changes
1.4	02/07/2018	• Removed previous Section 3.2 'Return Applicable Diagnosis Codes for MSP enrollment period(s)'. CMS has removed this change from the release
1.3	02/01/2018	• Updated Section 3.2 with revised description of HETS handling of MSP diagnosis codes. Provided an updated transaction response example
1.2	12/20/2017	• Updated HI segment example in Section 3.2. Changed the example Component Element Separator delimiter from a colon to a pipe
1.1	12/08/2017	• Added Appendix A, Table 1 Document Revision History • Retitled Section 3.1 • Removed Section 3.1.2 'Reject transactions if there is no Medicare Advantage of Part D plan contact information in the CMS plan database' • Removed Section 3.3 'Modify the Data Returned for STC 47'. CMS has removed this change from the release
1.0	11/21/2017	Base Version