

Medicare 5010A1 271 Transaction Example using the HETS Application

Not all of the information presented in this example will be on every Medicare 271 response. This example is for illustrative purposes only and shows the various eligibility information that a 271 response may contain, including Part A, Part B, QMB Periods, SNF, Hospital, Preventive, Smoking Cessation, Blood Deductible, Hospice, MSP, Home Health, Medicare Advantage, Part D, Inactive Periods, Rehabilitation, and Occupational, Physical and Speech Therapies.

Note: The information in Table 1 is a representative example from the upcoming HETS R2019Q100 release.

Request Dates: 20180101-20190204

Part A Entitlement: 20160901 - No term date

Part B Entitlement: 20160901 - No term date

QMB/Medicaid Enrollment Dates: 20180401-20180531

Part A Spell: 20180322-20180407 (Medicare only within Spell DOEBA/DOLBA dates 20180322-20180331, QMB within Spell DOEBA/DOLBA dates) 20180401-20180407)

Medicare Only: 20160901-20180331, 20180601 – No Term Date

Table 1: Medicare 5010A1 271 Transaction Example

| 271 Segment | HETS Returned Values |
|--|---|
| ISA*00* *00* *ZZ*CMS *ZZ*SUBMITTERID *190308*0734**^00501*111111111*0*P* ~ | ISA06 = "CMS" plus spaces (will be 15 bytes) ISA08 = Submitter ID plus spaces (will be 15 bytes) |
| GS*HB*CMS*SUBMITTERID*20190308*07340000*1*X*005010X279A1~ | GS02 = "CMS" GS03 = Submitter ID |
| ST*271*0001*005010X279A1~ | N/A |
| BHT*0022*11*TRANSA*20190308*07342355~ | N/A |
| HL*1**20*1~ | N/A |
| NM1*PR*2*CMS*****PI*CMS~ | NM101 = "PR" NM102 = "2" NM103 = "CMS" NM108 = "PI" NM109 = "CMS" |
| HL*2*1*21*1~ | N/A |
| NM1*1P*2*IRNAME*****XX*1234567893~ | NM101 = "1P", "FA", or "80" |
| HL*3*2*22*0~ | N/A |
| TRN*2*TRACKNUM*ABCDEFGHIJ~ | N/A |

| 271 Segment | HETS Returned Values |
|--|--|
| NM1*IL*1*LNAME*FNAME*M***MI*MEMBERID~ | NM109 = During the transition period, HETS accepts HICN or MBI. HETS will return the same type of Member ID (HICN or MBI) as sent on the 270 request |
| N3*ADDRESS LINE1*ADDRESS LINE2~ | N/A |
| N4*CITY*ST*ZIPCODE~ | N/A |
| DMG*D8*19400401*F~ | N/A |
| DTP*307*RD8*20180101-20190204~ | DTP03 = Date(s) of Service from the 270 inquiry |
| The following segments illustrate an Inactive (Alien, Deported, or Incarcerated) period. | Medicare Part A or B |
| EB*6**30~ | N/A |
| DTP*307*RD8*20180126-20180216~ | DTP03 = Medicare Entitlement Inactive Date(s) |
| The following segment illustrates HETS supported Non-Covered Service Type Codes (STCs) | Returned Regardless of Entitlement Status |
| EB*I**41^54^68^82~ | N/A |
| The following segment illustrates active or inactive Part D Coverage | Medicare Part D |
| EB*1**88~ | EB01= Status of Coverage "1" or "6" |
| The following segments illustrate Medicaid Enrollment | QMB Dual Eligible |
| EB*R***QM*AZ QMB Plan~ | EB04 = QM, EB05 = State Code + "QMB Plan" |
| DTP*290*RD8*20180401-20180531~ | DTP03 = Medicaid Enrollment Start Date and End Date |
| The following segments illustrate Part A Entitlement/Coverage | Medicare Part A |
| EB*1**30*10^15^42^45^48^49^65^69^76^78^83^A5^A7^AG^BT^BU^BV^RN*MA~ | EB03= "30" and applicable Part A covered HETS supported Service Type Codes, EB04= "MA" |
| DTP*291*D8*20160901~ | DTP03 = Part A Entitlement Effective and Termination Dates |
| The following segments illustrate Part A Spell Dates | Medicare Part A |
| EB*D**30*MA~ | EB04 = MA |
| DTP*292*RD8*20180322-20180407~ | DTP03 = Spell DOEBA/DOLBA |
| The following segments illustrate Part A Base Deductible Financial Data | Medicare Part A |
| EB*C**30*MA**26*1364~ | EB07 = Part A Base Deductible 2019 |
| DTP*291*RD8*20190101-20191231~ | DTP03= Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| EB*C**30*MA**26*1340~ | EB04 = MA, EB07 = Part A Base Deductible 2018 |
| DTP*291*RD8*20180601-20181231~ | DTP03= Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*291*RD8*20180101-20180331~ | DTP03= Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| The following segments illustrate Part A Base Deductible Financial Data Medicaid Enrolled | Medicare Part A + QMB Dual Eligible |
| EB*C**30*QM*Medicare Part A*26*0~ | EB04 = QM, EB07 = Part A Base Deductible "0" (Deductible not applicable) |

| 271 Segment | HETS Returned Values |
|---|--|
| DTP*291*RD8*20180401-20180531~ | DTP03= Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible |
| The following segments illustrate Part A Base as Remaining Deductible Financial Data | Medicare Part A |
| EB*C**30*MA**29*1364~ | EB07 = Part A Base as Remaining Deductible 2019 |
| DTP*291*RD8*20190101-20191231~ | DTP03= Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| EB*C**30*MA**29*1340~ | EB04 = MA, EB07 = Part A Base as Remaining Deductible 2018 |
| DTP*291*RD8*20180601-20181231~ | DTP03= Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*291*RD8*20180101-20180331~ | DTP03= Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| The following segments illustrate Part A Spell Remaining Deductible (Intersecting Spell) | Medicare Part A |
| EB*C**30*MA**29*0~ | EB04 = MA |
| DTP*291*RD8*20180322-20180331~ | DTP03= Spell DOEBA/DOLBA Dates or Dates within Spell DOEBA/DOLBA for when beneficiary is Medicare entitled and not dual eligible |
| The following segments illustrate Part A “Free” Services | Medicare Part A |
| EB*C**42^45*MA**26*0~ | EB04 = MA, EB07 = Part A Base Deductible 0 (Deductible not applicable) |
| DTP*292*RD8*20190101-20191231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*292*RD8*20180601-20181231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*292*RD8*20180101-20180331~ | DTP03 = Calendar Year Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| The following segments illustrate Part A Spell Hospital Base Days | Medicare Part A To receive Hospital Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG |
| EB*B**30*MA**26*0~ | EB04 = MA, EB07 = Part A Spell Hospital Full Days Co-Payment amount per Part A Spell in 2019 |
| HSD***DA**30*0~ | HSD06 = "0" (Illustrates days exceeding 0) |
| HSD***DA**31*60~ | HSD06 = "60" (Illustrates through day 60) |
| HSD*****26*1~ | HSD06 = "1" (per Part A Spell) |
| DTP*435*RD8*20190101-20191231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| EB*B**30*MA**7*341~ | EB04 = MA, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day 2019 |
| HSD***DA**30*60~ | HSD06 = "60" (Illustrates days exceeding 60) |

| 271 Segment | HETS Returned Values |
|--|--|
| HSD***DA**31*90~ | HSD06 = "90" (Illustrates through day 90) |
| HSD*****26*1~ | HSD06 = "1" (per Part A Spell) |
| DTP*435*RD8*20190101-20191231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| EB*B**30*MA**26*0~ | EB04 = MA, EB07 = Part A Spell Hospital Full Days Co-Payment Amount per Part A Spell in 2018 |
| HSD***DA**30*0~ | HSD06 = "0" (Illustrates days exceeding 0) |
| HSD***DA**31*60~ | HSD06 = "60" (Illustrates through day 60) |
| HSD*****26*1 | HSD06 = "1" (per Part A Spell) |
| DTP*435*RD8*20180601-20181231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*435*RD8*20180101-20180331~ | DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| EB*B**30*MA**7*335~ | EB04 = MA, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day 2018 |
| HSD***DA**30*60~ | HSD06 = "60" (Illustrates days exceeding 60) |
| HSD***DA**31*90~ | HSD06 = "90" (Illustrates through day 90) |
| HSD*****26*1~ | HSD06 = "1" (per Part A Spell) |
| DTP*435*RD8*20180601-20181231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*435*RD8*20180101-20180331~ | DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| The following segments illustrate Part A Spell Hospital Base Days Medicaid Enrolled | Medicare Part A + QMB Dual Eligible To receive Hospital Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG |
| EB*B**30*QM*Medicare Part A*26*0 | EB04 = QM, EB07 = Part A Spell Hospital Full Days Co-Payment Amount per Part A Spell when Dual Eligible in 2018 (Co-payment amount not applicable) |
| HSD***DA**30*0~ | HSD06 = "0" (Illustrates days exceeding 0) |
| HSD***DA**31*60~ | HSD06 = "60" (Illustrates through day 60) |
| HSD*****26*1~ | HSD06 = "1" (per Part A Spell) |
| DTP*435*RD8*20180401-20180531~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible |

| 271 Segment | HETS Returned Values |
|---|--|
| EB*B**30*QM*Medicare Part A*7*0 | EB04 = QM, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day when Dual Eligible in 2018 (Co-payment amount not applicable) |
| HSD***DA**30*60~ | HSD06 = "60" (Illustrates days exceeding 60) |
| HSD***DA**31*90~ | HSD06 = "90" (Illustrates through day 90) |
| HSD*****26*1~ | HSD06 = "1" (per Part A Spell) |
| DTP*435*RD8*20180401-20180531~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible |
| The following segments illustrate Part A Spell Hospital Base Days as Remaining | Medicare Part A To receive Hospital Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG |
| EB*B**30*MA**26*0~ | EB04 = MA, EB07 = Part A Spell Hospital Full Days Co-Payment Amount per Part A Spell in 2019 |
| HSD***DA**29*60~ | HSD06 = "60" (Illustrates Part A Spell Hospital Full Days) |
| HSD*****26*1~ | HSD06 = "1" (per Part A Spell) |
| DTP*435*RD8*20190101-20191231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| EB*B**30*MA**7*341~ | EB04 = MA, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day 2019 |
| HSD***DA**29*30~ | HSD06 = "30" (Illustrates Part A Spell Hospital Coinsurance Days) |
| HSD*****26*1~ | HSD06 = "1" (per Part A Spell) |
| DTP*435*RD8*20190101-20191231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| EB*B**30*MA**26*0~ | EB04 = MA, EB07 = Part A Spell Hospital Full Days Co-Payment amount per Part A Spell in 2018 |
| HSD***DA**29*60~ | HSD06 = "60" (Illustrates Part A Spell Hospital Full Days) |
| HSD*****26*1~ | HSD06 = "1" (per Part A Spell) |
| DTP*435*RD8*20180601-20181231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*435*RD8*20180101-20180331~ | DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| EB*B**30*MA**7*335~ | EB04 = MA, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day 2018 |
| HSD***DA**29*30~ | HSD06 = "30" (Illustrates Part A Spell Hospital Coinsurance Days) |
| HSD*****26*1~ | HSD06 = "1" (per Part A Spell) |

| 271 Segment | HETS Returned Values |
|---|--|
| DTP*435*RD8*20180601-20181231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*435*RD8*20180101-20180331~ | DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| The following segments illustrate Part A Spell Hospital Base Days as Remaining Medicaid Enrolled | Medicare Part A + QMB Dual Eligible To receive Hospital Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG |
| EB*B**30*QM*Medicare Part A*26*0~ | EB04 = QM, EB07 = Part A Spell Hospital Full Days Co-Payment Amount per Part A Spell when Dual Eligible in 2018 (Co-payment amount not applicable) |
| HSD***DA**29*60~ | HSD06 = "60" (Illustrates Part A Spell Hospital Full Days) |
| HSD*****26*1~ | HSD06 = "1" (per Part A Spell) |
| DTP*435*RD8*20180401-20180531~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible |
| EB*B**30*QM*Medicare Part A*7*0~ | EB04 = QM, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day when Dual Eligible in 2018 (Co-payment amount not applicable) |
| HSD***DA**29*30~ | HSD06 = "30" (Illustrates Part A Spell Hospital Coinsurance Days) |
| HSD*****26*1~ | HSD06 = "1" (per Part A Spell) |
| DTP*435*RD8*20180401-20180531~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible |
| The following segments illustrate Part A Spell Hospital Remaining Days (intersecting Spell) | Medicare Part A To receive Spell Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG and spell must be present within 60 days of search request date. |
| EB*B**30*MA**26*0~ | EB04 = MA, EB07 = Part A Spell Hospital Full Days Co-Payment amount per Part A Spell in 2018 |
| HSD***DA**29*50~ | HSD06 = Part A Spell Hospital Full Days Remaining |
| HSD*****26*1~ | HSD06 = "1" (per Part A Spell) |

| 271 Segment | HETS Returned Values |
|--|--|
| DTP*435*RD8*20180322-20180331~ | DTP03 = Spell DOEBA/DOLBA or Dates within Spell DOEBA/DOLBA dates for when beneficiary is Medicare entitled and not dual eligible |
| EB*B**30*MA**7*335~ | EB04 = MA, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount 2018 |
| HSD***DA**29*30~ | HSD06 = Part A Spell Hospital Coinsurance Days Remaining |
| HSD*****26*1~ | HSD06 = "1" (per Part A Spell) |
| DTP*435*RD8*20180322-20180331~ | DTP03 = Spell DOEBA/DOLBA or Dates within Spell DOEBA/DOLBA dates for when beneficiary is Medicare entitled and not dual eligible |
| The following segments illustrate Part A Spell Hospital Remaining Days (Intersecting Spell) Medicaid Enrolled | Medicare Part A + QMB Dual Eligible To receive Hospital Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG |
| EB*B**30*QM*Medicare Part A*26*0~ | EB04 = QM, EB07 = Part A Spell Hospital Full Days Co-Payment Amount per Part A Spell when Dual Eligible in 2018 (Co-payment amount not applicable) |
| HSD***DA**29*50~ | HSD06 = Part A Spell Hospital Full Days Remaining |
| HSD*****26*1~ | HSD06 = "1" (per Part A Spell) |
| DTP*435*RD8*20180401-20180407~ | DTP03 = Spell DOEBA/DOLBA or Dates within Spell DOEBA/DOLBA dates for when beneficiary is Medicaid enrolled and dual eligible |
| EB*B**30*QM*Medicare Part A*7*0~ | EB04 = QM, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day when Dual Eligible in 2018 (Co-payment amount not applicable) |
| HSD***DA**29*30~ | HSD06 = Part A Spell Hospital Coinsurance Days Remaining |
| HSD*****26*1~ | HSD06 = "1" (per Part A Spell) |
| DTP*435*RD8*20180401-20180407~ | DTP03 = Spell DOEBA/DOLBA or Dates within Spell DOEBA/DOLBA dates for when beneficiary is Medicaid enrolled and dual eligible |
| The following segments illustrate Part A Spell SNF Base Days | Medicare Part A To receive Skilled Nursing Facility Data the 270 request MUST contain STC= AG |
| EB*B**AG*MA**26*0~ | EB04 = MA, EB07 = Part A SNF (Full) Days Co-Payment Amount per Part A Spell in 2019 |
| HSD***DA**30*0~ | HSD06 = "0" (Illustrates days exceeding 0) |
| HSD***DA**31*20~ | HSD06 = "20" (Illustrates through day 20) |
| HSD*****26*1~ | HSD06 = "1" (per SNF Spell) |

| 271 Segment | HETS Returned Values |
|---|--|
| DTP*435*RD8*20190101-20191231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| EB*B**AG*MA**7*170.5~ | EB04 = MA, EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2019 |
| HSD***DA**30*20~ | HSD06 = "20" (Illustrates days exceeding 20) |
| HSD***DA**31*100~ | HSD06 = "100" (Illustrates through day 100) |
| HSD*****26*1~ | HSD06 = "1" (per SNF Spell) |
| DTP*435*RD8*20190101-20191231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| EB*B**AG*MA**26*0~ | EB04 = MA, EB07 = Part A SNF (Full) Days Co-Payment per Part A Spell in 2018 |
| HSD***DA**30*0~ | HSD06 = "0" (Illustrates days exceeding 0) |
| HSD***DA**31*20~ | HSD06 = "20" (Illustrates through day 20) |
| HSD*****26*1~ | HSD06 = "1" (per SNF Spell) |
| DTP*435*RD8*20180601-20181231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*435*RD8*20180101-20180331~ | DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| EB*B**AG*MA**7*167.5~ | EB04 = MA, EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2018 |
| HSD***DA**30*20~ | HSD06 = "20" (Illustrates days exceeding 20) |
| HSD***DA**31*100~ | HSD06 = "100" (Illustrates through day 100) |
| HSD*****26*1~ | HSD06 = "1" (per SNF Spell) |
| DTP*435*RD8*20180601-20181231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*435*RD8*20180101-20180331~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| The following segments illustrate Part A Spell SNF Base Days Medicaid Enrolled | Medicare Part A + QMB Dual Eligible To receive Skilled Nursing Facility Data the 270 request MUST contain STC= AG |
| EB*B**AG*QM*Medicare Part A*26*0~ | EB04 = QM, EB07 = Part A SNF (Full) Days Co-Payment per Part A Spell in 2018 (Co-payment amount not applicable) |
| HSD***DA**30*0~ | HSD06 = "0" (Illustrates days exceeding 0) |
| HSD***DA**31*20~ | HSD06 = "20" (Illustrates through day 20) |
| HSD*****26*1~ | HSD06 = "1" (per SNF Spell) |
| DTP*435*RD8*20180401-20180531~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible |

| 271 Segment | HETS Returned Values |
|--|---|
| EB*B**AG*QM*Medicare Part A*7*0~ | EB04 = QM, EB07 = Part A SNF (Full) Days Co-Payment per Part A Spell in 2018 (Co-payment amount not applicable) |
| HSD***DA**30*20~ | HSD06 = "20" (Illustrates days exceeding 20) |
| HSD***DA**31*100~ | HSD06 = "100" (Illustrates through day 100) |
| HSD*****26*1~ | HSD06 = "1" (per SNF Spell) |
| DTP*435*RD8*20180401-20180531~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible |
| The following segments illustrate Part A Spell SNF Base Days as Remaining | Medicare Part A To receive Skilled Nursing Facility Data the 270 request MUST contain STC= AG |
| EB*B**AG*MA**26*0~ | EB04 = MA, EB07 = Part A SNF (Full) Days Co-Payment per Part A SNF Spell in 2019 |
| HSD***DA**29*20~ | HSD06 = "20" (Part A Spell SNF (Full) Days) |
| HSD*****26*1~ | HSD06 = "1" (per SNF Spell) |
| DTP*435*RD8*20190101-20191231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| EB*B**AG*MA**7*170.5~ | EB04 = MA, EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2019 |
| HSD***DA**29*80~ | HSD06 = "80" (Part A Spell SNF Coinsurance Days) |
| HSD*****26*1~ | HSD06 = "1" (per SNF Spell) |
| DTP*435*RD8*20190101-20191231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| EB*B**AG*MA**26*0~ | EB04 = MA, EB07 = Part A SNF (Full) Days Co-Payment per Part A SNF Spell in 2018 |
| HSD***DA**29*20~ | HSD06 = "20" (Part A Spell SNF (Full) Days) |
| HSD*****26*1~ | HSD06 = "1" (per SNF Spell) |
| DTP*435*RD8*20180601-20181231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*435*RD8*20180101-20180331~ | DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| EB*B**AG*MA**7*167.5~ | EB04 = MA, EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2018 |
| HSD***DA**29*80~ | HSD06 = "80" (Part A Spell SNF Coinsurance Days) |
| HSD*****26*1~ | HSD06 = "1" (per SNF Spell) |
| DTP*435*RD8*20180601-20181231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*435*RD8*20180101-20180331~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |

| 271 Segment | HETS Returned Values |
|---|---|
| The following segments illustrate Part A Spell SNF Base Days as Remaining Medicaid Enrolled | Medicare Part A + QMB Dual Eligible To receive Skilled Nursing Facility Data the 270 request MUST contain STC= AG |
| EB*B**AG*QM*Medicare Part A*26*0~ | EB04 = QM, EB07 = Part A SNF (Full) Days Co-Payment per Part A SNF Spell in 2018 when Dual Eligible (Co-payment amount not applicable) |
| HSD***DA**29*20~ | HSD06 = "20" (Part A Spell SNF (Full) Days) |
| HSD*****26*1~ | HSD06 = "1" (per SNF Spell) |
| DTP*435*RD8*20180401-20180531~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible |
| EB*B**AG*QM*Medicare Part A*7*0~ | EB04 = QM, EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2018 when Dual Eligible (Co-payment amount not applicable) |
| HSD***DA**29*80~ | HSD06 = "80" (Part A Spell SNF Coinsurance Days) |
| HSD*****26*1~ | HSD06 = "1" (per SNF Spell) |
| DTP*435*RD8*20180401-20180531~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible |
| The following segments illustrate Part A Spell SNF Remaining Days (Intersecting Spell) | Medicare Part A To receive Spell SNF Data the 270 request MUST contain STC= AG and spell must be present within 60 days of search request date. |
| EB*B**AG*MA**26*0~ | EB04 = MA, EB07 = Part A SNF (Full) Days Co-Payment Amount per Part A SNF Spell in 2018 |
| HSD***DA**29*20~ | HSD06 = Part A Spell SNF (Full) Remaining Days |
| HSD*****26*1 | HSD06 = "1" (per SNF Spell) |
| DTP*435*RD8*20180322-20180331~ | DTP03 = Spell DOEBA/DOLBA or Dates within Spell DOEBA/DOLBA dates for when beneficiary is Medicare entitled and not dual eligible |
| EB*B**AG*MA**7*167.5~ | EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2018 |
| HSD***DA**29*80~ | HSD06 = Part A Spell SNF Coinsurance Remaining Days |
| HSD*****26*1 | HSD06 = "1" (per SNF Spell) |
| DTP*435*RD8*20180322-20180331~ | DTP03 = Spell DOEBA/DOLBA or Dates within Spell DOEBA/DOLBA dates for when beneficiary is Medicare entitled and not dual eligible |

| 271 Segment | HETS Returned Values |
|---|--|
| The following segments illustrate Part A Spell SNF Remaining Days (Intersecting Spell) Medicaid Enrolled | Medicare Part A + QMB Dual Eligible To receive Skilled Nursing Facility Data the 270 request MUST contain STC= AG |
| EB*B**AG*QM*Medicare Part A*26*0~ | EB04 = QM, EB07 = Part A SNF (Full) Days Co-Payment per Part A SNF Spell in 2018 when Dual Eligible (Co-payment amount not applicable) |
| HSD***DA**29*20~ | HSD06 = Part A Spell SNF (Full) Remaining Days |
| HSD*****26*1~ | HSD06 = "1" (per SNF Spell) |
| DTP*435*RD8*20180401-20180407~ | DTP03 = Spell DOEBA/DOLBA or Dates within Spell DOEBA/DOLBA dates for when beneficiary is Medicaid enrolled and dual eligible |
| EB*B**AG*QM*Medicare Part A*7*0~ | EB04 = QM, EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2018 when Dual Eligible (Co-payment amount not applicable) |
| HSD***DA**29*80~ | HSD06 = Part A Spell SNF Coinsurance Remaining Days |
| HSD*****26*1~ | HSD06 = "1" (per SNF Spell) |
| DTP*435*RD8*20180401-20180407~ | DTP03 = Spell DOEBA/DOLBA or Dates within Spell DOEBA/DOLBA dates for when beneficiary is Medicaid enrolled and dual eligible |
| The following segments illustrate Part A Lifetime Reserve Days | Medicare Part A To receive Lifetime Reserve Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG. |
| EB*K**30*MA**32***DY*60~ | EB10 = Part A Lifetime Reserve Base Days |
| EB*K**30*MA**33***DY*58~ | EB10 = Part A Lifetime Reserve Remaining Days |
| The following segments illustrate Part A Lifetime Reserve Days Co-Payment Amount | Medicare Part A To receive Lifetime Reserve Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG. |
| EB*K**30*MA**7*682~ | EB07 = Part A Co-Payment amount per day 2019 |
| DTP*435*RD8*20190101-20191231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| EB*K**30*MA**7*670~ | EB07 = Part A Co-Payment amount per day 2018 |
| DTP*435*RD8*20180601-20181231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*435*RD8*20180101-20180331~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |

| 271 Segment | HETS Returned Values |
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| The following segments illustrate Part A Lifetime Reserve Days Co-Payment Amount Medicaid Enrolled | Medicare Part A + QMB Dual Eligible To receive Lifetime Reserve Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG. |
| EB*K**30*QM*Medicare Part A*7*0~ | EB04 = "QM", EB07 = Part A Co-Payment amount per day 2018 (Co-Payment not applicable) |
| DTP*435*RD8*20180401-20180531~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible |
| The following segments illustrate Part A Lifetime Psychiatric Limitation Data | Medicare Part A To receive Lifetime Psychiatric Limitation Data the 270 request MUST contain STC= A7. Submitters are only permitted to request STC A7 on behalf of Psychiatric/Mental Health professionals and institutions. Compliance will be monitored by CMS. |
| EB*K**A7*MA**32***DY*190~ | EB10 = Part A Lifetime Psychiatric Base Days |
| EB*K**A7*MA**33***DY*180~ | EB10 = Part A Lifetime Psychiatric Remaining Days |
| The following segment illustrates Part A Hospice Occurrence Count | Medicare Part A Only returned if STC=45 is requested on 270 |
| EB*D**45*MA**26***99*1~ | EB10 = Part A Hospice Occurrence Count |
| The following segments illustrate Part B Entitlement/Coverage | Medicare Part B |
| EB*1**30^10^12^13^14^18^2^20^23^24^25^26^27^28^3^33^36^37^38^39^4^40^42^5^50^51^52^53^6^62^65^67^69^7^73^76^78^8^80^81^83^86^93^98^99^ ^A0^A3^A4^A6^A8^AD^AE^AF^AI^AJ^AK^AL^BF^BG^BH^BT^BU^BV^DM^RN^UC^MB~ | EB03 = "30" and applicable Part B covered HETS supported Service Type Codes EB04 = "MB" |
| DTP*291*D8*20160901~ | DTP03 = Entitlement and Termination Dates |
| The following segments illustrate Part B Base Deductible Financial Data | Medicare Part B |
| EB*C**30*MB**23*185~ | EB04 = "MB", EB07 = Part B Base Deductible 2019 |
| DTP*291*RD8*20190101-20191231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| EB*C**30*MB**23*183~ | EB04 = "MB", EB07 = Part B Base Deductible 2018 |
| DTP*291*RD8*20180601-20181231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*291*RD8*20180101-20180331~ | DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| The following segments illustrate Part B Base Deductible Financial Data Medicaid enrolled | Medicare Part B + QMB Dual Eligible |
| EB*C**30*QM*Medicare Part B*23*0~ | EB04 = "QM", EB07 = Part B Base Deductible 2018 (0 Not applicable) |
| DTP*291*RD8*20180401-20180531~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible |
| The following segments illustrate Part B Remaining Deductible Financial Data | Medicare Part B |
| EB*C**30*MB**29*0~ | EB04 = "MB", EB07 = Part B Remaining Deductible 2019 |

| 271 Segment | HETS Returned Values |
|--|---|
| DTP*291*RD8*20190101-20191231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| EB*C**30*MB**29*0~ | EB04 = "MB", EB07 = Part B Remaining Deductible 2018 |
| DTP*291*RD8*20180601-20181231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*291*RD8*20180101-20180331~ | DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| The following segments illustrate Part B Coinsurance Financial Data | Medicare Part B |
| EB*A**30*MB**27*.2 | EBO\$ = "MB", EB08 = Part B Plan Level Coinsurance 2019 |
| DTP*291*RD8*20190101-20191231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| EB*A**30*MB**27*.2~ | EB04 = "MB", EB08 = Part B Plan Level Coinsurance 2018 |
| DTP*291*RD8*20180601-20181231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*291*RD8*20180101-20180331~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| The following segments illustrate Part B Coinsurance Financial Data Medicaid Enrolled | Medicare Part B + QMB Dual Eligible |
| EB*A**30*QM*Medicare Part B*27**0~ | EB04 = "QM", EB08 = Part B Plan Level Coinsurance 2018 (0 Not applicable) |
| DTP*291*RD8*20180401-20180531~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicaid enrolled and dual eligible |
| The following segments illustrate Part B "Free" Services Deductible | Medicare Part B |
| EB*C**42^5^67^AJ*MB**23*0~ | EB04 = "MB", EB07 = Part B Base Deductible is not applicable |
| DTP*292*RD8*20190101-20191231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*292*RD8*20180601-20181231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*292*RD8*20180101-20180331~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| The following segments illustrate Part B "Free" Services Coinsurance | Medicare Part B |
| EB*A**42^5^67^AJ*MB**27**0~ | EB04 = "MB", EB08 = Part B Co-Insurance for Part B is not applicable |
| DTP*292*RD8*20190101-20191231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*292*RD8*20180601-20181231~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |
| DTP*292*RD8*20180101-20180331~ | DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible |

| 271 Segment | HETS Returned Values |
|--|--|
| The following segments illustrate Part B Preventive HCPCS Codes Benefit Level Financial Data | Medicare Part B Only returned if HETS Supported Preventive HCPCS Code (EQ02 value) is requested on the 270. Deductibles/Coinsurance for HCPCS Codes that match Plan Level will not be returned. Deductibles/Coinsurance for HCPCS Codes that differ from Part B Plan Level Deductible will be returned when the current date does not intersect a period of Medicaid Enrollment. |
| EB*C***MB**23*0*****HC 90670~ | EB07 = Part B Plan Applicable Deductible Amount (Waived for this service) |
| DTP*292*D8*20180604~ | DTP03 = System Date when the 270 request was processed |
| EB*C***MB**23*0*****HC G0106~ | EB07 = Part B Plan Applicable Deductible Amount (Waived for this service) |
| DTP*292*D8*20180604~ | DTP03 = System Date when the 270 request was processed |
| EB*A***MB**27*0*****HC 90670~ | EB08 = Part B Plan Applicable Coinsurance Amount (Waived for this service) |
| DTP*292*D8*20180604~ | DTP03 = System Date when the 270 request was processed |
| The following segments illustrate Part B Preventive HCPCS Codes Beneficiary Specific Next Eligible Date | Medicare Part B Only returned if HETS Supported Preventive HCPCS Code (EQ02 value) is requested on the 270. |
| EB*D***MB*****HC 90670~ | EB13 = Part B Preventive HCPCS Code |
| DTP*348*D8*20160901~ | DTP03 = Next Eligible Date for Preventive Service |
| EB*D***MB*****HC G0106~ | EB13 = Part B Preventive HCPCS Code |
| DTP*348*D8*20160901~ | DTP03 = Next Eligible Date for Preventive Service |
| EB*D***MB*****HC G0117~ | EB13 = Part B Preventive HCPCS Code |
| DTP*348*D8*20160901~ | DTP03 = Next Eligible Date for Preventive Service |
| The following segments illustrate Part B Smoking Cessation Sessions | Medicare Part B Only returned if STC= 67 is requested on 270. HETS will return a Smoking Cessation Initial Session Date if counseling sessions have been used in the last 12 months. |
| EB*F**67*MB**22***VS*8~ | EB10 = Part B Base Number of Smoking Cessation Sessions |
| HSD*VS*6***29~ (See note above) | HSD02 = Number of Smoking Cessation Sessions Remaining |
| DTP*292*D8*20180501~ | DTP03 = Smoking Cessation Initial Session Date (if applicable) |
| The following segments illustrate Part B Therapy Benefit Detail | Medicare Part B Only returned if STC= AD, AE or AF is requested on 270 |
| EB*D**AD*MB***200~ | EB03 = AD for Occupational Therapy, EB07= Therapy Amount Used |
| DTP*292*RD8*20190101-20191231~ | DTP03 = Calendar Year |
| MSG*USED AMOUNT~ | N/A |

| 271 Segment | HETS Returned Values |
|---|---|
| EB*D**AD*MB***1345~ | EB03 = AD for Occupational Therapy, EB07= Therapy Amount Used |
| DTP*292*RD8*20180101-20181231~ | DTP03 = Calendar Year |
| MSG*USED AMOUNT~ | N/A |
| EB*D**AE*MB***0~ | EB03 =AE for Physical/Speech Therapy, EB07= Therapy Amount Used |
| DTP*292*RD8*20190101-20191231~ | DTP03 = Calendar Year |
| MSG*USED AMOUNT~ | N/A |
| EB*D**AE*MB***0~ | EB03 =AE for Physical/Speech Therapy, EB07= Therapy Amount Used |
| DTP*292*RD8*20180101-20181231~ | DTP03 = Calendar Year |
| MSG*USED AMOUNT~ | N/A |
| The following segments illustrate Part B Rehabilitation Benefit Detail | Medicare Part B Only returned if STC=BF or BG is requested on 270 |
| EB*F**BF*MB**29***CA*36~ | EB10 = Number of Pulmonary Rehabilitation Sessions remaining |
| MSG*Professional~ | N/A |
| EB*F**BF*MB**29***CA*36~ | EB10 = Number of Pulmonary Rehabilitation Sessions remaining |
| MSG*Technical~ | N/A |
| EB*F**BG*MB*****99*0~ | EB10 = Number of Cardiac Rehabilitation Sessions used |
| MSG*Professional~ | N/A |
| EB*F**BG*MB*****99*0~ | EB10 = Number of Cardiac Rehabilitation Sessions used |
| MSG*Technical~ | N/A |
| EB*F**BG*MB*****99*15~ | EB10 = Number of Intensive Cardiac Rehabilitation Services Used <i>only if</i> MSG01 = Intensive Cardiac Rehabilitation |
| MSG*Intensive Cardiac Rehabilitation – Professional~ | N/A |
| EB*F**BG*MB*****99*15~ | EB10 = Number of Intensive Cardiac Rehabilitation Services Used <i>only if</i> MSG01 = Intensive Cardiac Rehabilitation |
| MSG*Intensive Cardiac Rehabilitation – Technical~ | N/A |
| The following segments illustrate Home Health Episodes | Medicare Part A or B Only returned if STC=42 is requested on 270 |
| EB*X**42***26~ | N/A |
| DTP*472*RD8* 20180408-20180506~ | DTP03 = Home Health Period Start & End Dates |
| DTP*193*D8*20180408 | DTP03 = Home Health Period DOEBA |
| DTP*194*D8*20180506 | DTP03 = Home Health Period DOLBA |
| LS*2120~ | N/A |
| NM1*PR*2*ORNAME*****PI*CONTR~ | NM103 = Home Health Contractor Name NM109 = Home Health Contractor Number |
| NM1*1P*2*****XX*1234567890~ | NM109 = Home Health Service Provider NPI |
| LE*2120~ | N/A |

| 271 Segment | HETS Returned Values |
|---|--|
| The following segments illustrate Home Health Certification/Recertification Dates | Medicare Part A or B Only returned if STC=42 is requested on 270. Up to 10 each Home Health Certification and Recertification dates will be returned. |
| EB*X*****HC G0180~ | EB13 = Home Health Certification HCPCS Code |
| DTP*193*D8*20180521~ | DTP03 = Home Health Certification Start Date |
| EB*X*****HC G0179~ | EB13 = Home Health Recertification HCPCS Code |
| DTP*193*D8*20180917~ | DTP03 = Home Health Recertification Date |
| DTP*193*D8*20180719~ | DTP03 = Home Health Recertification Date |
| The following segments illustrate Part A Hospice Episodes | Medicare Part A Only returned if STC=45 is requested on 270 and beneficiary is Part A entitled |
| EB*X**45*MA**26~ | N/A |
| DTP*292*D8*20171115~ | DTP02 = D8, meaning this is a Hospice Notice of Election (NOE) only. DTP03 = Start Date for the Hospice NOE. |
| MSG*Revocation Code - 1~ | MSG01 = "Revocation Code " + Hospice Revocation Code |
| LS*2120~ | N/A |
| NM1*1P*2*****XX*1234567890~ | NM109 = Hospice Provider NPI |
| LE*2120~ | N/A |
| The following segments illustrate ESRD data | Medicare Part A or B Only returned if STC=RN or CQ is requested on 270 |
| EB*D**RN~ | EB03 = RN for ESRD |
| DTP*292*RD8*20150601-20181101~ | DTP01 = 292, meaning ESRD Coverage Period DTP03 = ESRD Coverage Period Start and (if applicable) End Date(s) |
| DTP*472*RD8*20150601-20151019~ | DTP01 = 472, meaning ESRD Dialysis Period DTP03 = ESRD Dialysis Period Start and (if applicable) End Date(s) |
| DTP*096*D8*20150724~ | DTP01 = 096, meaning ESRD Transplant Effective Date DTP03 = ESRD Transplant Effective Date |
| The following segments illustrate Blood Deductible Data | Medicare Part A or B Only returned if STC=10 is requested on 270 |
| EB*E**10***23***DB*3~ | EB10 = Number of Fully Covered Units |
| HSD*FL*1***29~ | HSD02 = Number of Units Remaining |
| DTP*292*RD8*20190101-20191231~ | DTP03 = Calendar year |
| EB*E**10***23***DB*3~ | EB10 = Number of Fully Covered Units |
| HSD*FL*2***29~ | HSD02 = Number of Units Remaining |
| DTP*292*RD8*20180101-20181231~ | DTP03 = Calendar year |
| The following segments illustrate Part D Enrollment | Medicare Part A or B |
| EB*R**88*OT~ | N/A |

| 271 Segment | HETS Returned Values |
|--|---|
| REF*18*S1234~ | REF02 = Part D Contract Number |
| REF*N6*001*PLANNAME~ | REF02 = Part D PBP Number, REF03 = Part D PBP Plan Name |
| DTP*292*D8*20170101~ | DTP03 = Part D Plan Enrollment Date(s) |
| LS*2120~ | N/A |
| NM1*PR*2*ORGNAME~ | NM103 = Part D Contract Name |
| N3*ADDRESSLINE1*ADDRESSLINE2~ | N301/N302 = Part D Contract Address |
| N4*CITY*ST*ZIPCODE~ | N401/N402/N403 = Part D Contract City/State/ZIP |
| PER*IC**TE*AAABBBCCCC*UR*www.website.com~ | PER04 = Part D Plan Telephone Number PER06 = Contract Website Address |
| LE*2120~ | N/A |
| The following segments illustrate Part C MA (Medicare Advantage) enrollment | Medicare Part A or B |
| EB*U**30*IN~ | EB04 = MA Contract Type (HMO, PPO, Indemnity, etc.) |
| REF*18*H1234~ | REF02 = MA Contract Number |
| REF*N6*001*PLANNAME~ | REF02 = MA PBP Number, REF03 = MA PBP Plan Name |
| DTP*290*D8*20170101~ | DTP03 = MA Plan Enrollment Date(s) |
| MSG*MCO Bill Option Code- C~ | MSG01 = "MCO Bill Option Code -" + " " + Bill Option Code |
| LS*2120~ | N/A |
| NM1*PRP*2*ORGNAME~ | NM103 = MA Contract Name |
| N3*ADDRESSLINE1*ADDRESSLINE2~ | N301/N302 = MA Contract Address |
| N4*CITY*ST*ZIPCODE~ | N401/N402/N403 = MA Contract City/State/ZIP |
| PER*IC**TE*AAABBBCCCC*UR*www.website.com~ | PER04 = MA Plan Telephone Number PER06 = MA Plan Website Address |
| LE*2120~ | N/A |
| The following segments illustrate MSP Enrollment | Medicare Part A or B |
| EB*R**30*13~ | EB04 = MSP Insurance Type Code |
| REF*IG*GROUPCOVERAGEPLANPOLICYNUMBER~ | REF02 = MSP Policy Number, which is the group coverage plan in which the Medicare Beneficiary is enrolled |
| DTP*290*RD8*20170701-20180401~ | DTP03 = MSP Effective Date(s) |
| MSG*S8002XA,S40012A,S93609A,G5622~ | MSG02 = All MSP diagnosis codes related to the MSP enrollment period |
| LS*2120~ | N/A |
| NM1*PRP*2*ORGNAME~ | NM103 = MSP Name |
| N3*ADDRESSLINE1*ADDRESSLINE2~ | N301/N302 = MSP Insurance Address |
| N4*CITY*ST*ZIPCODE~ | N401 = MSP City, N402=MSP State, N403=MSP Zip |
| LE*2120~ | N/A |
| The following segments illustrate the end of a transaction. | N/A |
| SE*236*0001~ | N/A |

| 271 Segment | HETS Returned Values |
|-----------------|----------------------|
| GE*1*1~ | N/A |
| IEA*1*11111111~ | N/A |