



**HIPAA Eligibility Transaction System
(HETS)
270/271**

**R2008Q400 Release Summary
September 2008**

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R2008Q400 HETS 270/271 Release Summary of Impact on Trading Partners

The purpose of this summary document is to inform submitters of upcoming changes to the HETS 270/271 system. The majority of these changes will entail modifications to how data is displayed within some of the existing data elements currently returned on the 271 response. In addition, telephone numbers for MCOs and Part D contracts (i.e. an existing data element on the 271 response not currently populated by the HETS 270/271 system) will be provided, when applicable, on the 271 response. Please refer to the below details for additional information.

1. MCO's and Part D's Direct Contact Phone Number

When available, the HETS 270/271 system will return MCO and Part D direct contact phone numbers in the 271 2120C PER04 element. Below is an example of how this data will appear within the 271 response:

- EB*R**30*HN~ (Plan Type)
- REF*18*H1032 124~ (Contract ID)
- DTP*290*D8*20080101~ (Enrollment Dates)
- LS*2120~
- NM1*PRP*2*MCO PROVIDER~ (Plan Name)
- N3*1111 MCO PROVIDER RD~ (Plan Full Address)
- N4*TAMPA*FL*336341143~
- PER*IC**TE*1234567890~ (Plan Phone Number)
- LE*2120~

2. Part A Default Deductible Amounts

The HETS 270/271 system is incorrectly returning default deductible data when the beneficiary does not have Part A Entitlement for a period that falls within the requested date (range). For example, if a beneficiary becomes eligible for Medicare in 2007, but the 270 DTP spans 2006-2008, the system returns a default deductible for 2006 regardless of Part A Entitlement. The change being implemented will require the system to check for Part A Entitlement in the absence of a spell. The HETS 270/271 system shall return Hospital default deductibles based on the request start year when the following occurs:

- No Inpatient Spell data returned from the database overlaps or falls within 60 days of the requested date (range)
- Entitlement period and request date period overlap
- Part A Entitlement start year is less than the requested start year

In addition, the HETS 270/271 system will continue to return the Hospital Inpatient Default Deductible Remaining Amounts, Hospital Co-Insurance Amounts, and SNF (Skilled Nursing Facility) Co-Insurance Amounts based on the beneficiary's Part A Entitlement start year when the following occurs:

- No Inpatient Spell data returned from the database overlaps or falls within 60 days of the requested date (range)
- Entitlement period and request date period overlap
- Part A Entitlement start year is greater than or equal to the requested start year

3. Hospice Periods Provider Information

The HETS 270/271 system will return separate Hospice Periods if a Medicare Beneficiary had two (or more) periods with different Hospice Providers on contiguous days. Each Hospice Period will be returned separately, including the unique Hospice Provider Number. Currently, if there are contiguous Hospice Periods, the system returns a single Hospice Period with one Hospice Provider Number.