

MLN Matters Number: MM4193

Related Change Request (CR) #: 4193

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Related CR Transmittal #: R793CP

Implementation Date: January 23, 2006

Revision to Chapter 31 – Addition of Hospice Data to HIPAA 270/271 Eligibility Inquiry and Response Transactions

Note: This article was updated on February 25, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Physicians, suppliers, and providers billing Medicare carriers, including durable medical equipment regional carriers (DMERCs) and/or fiscal intermediaries (FIs), including regional home health intermediaries (RHHIs) for Hospice services

Provider Action Needed

This article is based on Change Request (CR) 4193, which adds Hospice data to the Centers for Medicare & Medicaid Services (CMS) Health Insurance Portability and Accountability Act (HIPAA) Health Care Eligibility Benefit Inquiry and Response transaction (270/271). Hospice will be part of the core data elements returned on the 271 response.

Background

CMS is making changes to its Information Technology infrastructure to address standards for Medicare beneficiary eligibility inquiries. This approach will create the necessary database and infrastructure to provide a centralized Health Insurance Portability and Accountability Act (HIPAA) compliant 270/271 health care eligibility inquiry and response in real-time.

CMS is using a phased approach for providing this eligibility transaction on a real-time basis:

- **Extranet:** Clearinghouses, certain providers, and trading partners (as described below) will be permitted to submit 270s via the CMS AT&T communication Extranet (the Medicare Data Communication Network or

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MDCN). This Extranet is a secure closed private network currently used to transmit data between Medicare Fee-for-Service (FFS) contractors and CMS.

- **Internet:** CMS expects to provide limited internet access to the 270/271 transaction this year. Instructions on accessing eligibility data via this method will be provided prior to the time internet access becomes available.

All electronic 270 files will be processed at the CMS data center, and the CMS data center will use a single consolidated national eligibility database to respond to the eligibility inquiries.

CR4193 revises the *Medicare Claims Processing Manual* (Pub. 100-04) Chapter 31 (ANSI X12 Formats Other than Claims or Remittance), Section 10.2 (Eligibility Extranet Workflow), by adding the following Hospice data to the CMS HIPAA Health Care Eligibility Benefit Inquiry and Response transaction (270/271).

271 Response Data Elements

If a service type code is submitted in a 270 that does not trigger additional Medicare data elements, the following data elements will be returned in the 271 as applicable:

271 Information Returned	Loop	Segment	Element	Data Value
Hospice Data	2110C	EB	EB01	X
			EB03	45
			EB04	MA
			EB06	26
		DTP	DTP01	292
			DTP02	D8 or RD8
			DTP03	Dates

Additional Information

MLN Matters Article MM3883 provides information regarding the access process for beneficiary eligibility inquiries and replies (HIPAA 270 and 271 transactions, Extranet Only). It can be reviewed at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM3883.pdf> on the CMS website.

For complete details, please see the official instruction issued to your carrier/DMERC/intermediary regarding this change. That instruction may be

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viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R793CP.pdf> on the CMS website.

If you have any questions, please contact your carrier/DMERC/intermediary at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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