

## HETS 270/271 Content Best Practices

Please be sure to review HETS 271 content information in Sections 7.2 – 7.19 of the HETS 270/271 Companion Guide online at: <http://www.cms.gov/HETSHelp/downloads/HETS270271CompanionGuide5010.pdf>

### HETS 270/271 Submitters should:

- Review CMS notifications of upcoming HETS 270/271 releases to ensure they are aware of planned system changes. HETS 270/271 typically has 3-5 releases per year which either require changes to the 270 request file or result in changes to the 271 response file. Submitters should review the release notifications to understand the changes planned for HETS and incorporate appropriate changes into the Submitter's eligibility system/product.
- Offer Medicare providers/suppliers the ability to employ alternate Medicare beneficiary search options. Version 5010A1 of HETS 270/271 supports three beneficiary search options (versus a single search option in Version 4010A1). Medicare providers/suppliers should have the choice of selecting their search criteria based on data that has been verified with the beneficiary. See Section 7.3 of the HETS 270/271 Companion Guide for more information.
- Offer Medicare providers/suppliers the ability to select the Date(s) of Service for which they will submit the 270 eligibility request. HETS 270/271 supports Dates of Service that are up to 27 months in the past and/or up to four months in the future, based on the date the transaction was received. See Section 7.4 of the HETS 270/271 Companion Guide for more information.
- Offer Medicare providers/suppliers the ability to select the specific Service Type Code(s) they wish to send in the 270 eligibility request. The Service Type Codes that are specifically supported by HETS 270/271 are listed in Section 7.2 of the HETS 270/271 Companion Guide. See Sections 7.6 – 7.16 and/or Section 10.2, Tables 13-32 of the HETS 270/271 Companion Guide for specific listings of what information is returned for each Service Type Code.
- Publish updates to their Medicare provider/supplier customers when enhancements are made to the 271 response following HETS releases. Submitters should ensure that their customers understand that the Submitter is taking advantage of all of HETS' available capabilities and features.
- Modify their systems/products to display all of the information returned in the HETS 271 response including any applicable error messages. Submitters may choose to logically organize the information display or offer filters that allow Medicare providers/suppliers to focus on certain types of information – however, the Submitter should ensure that the provider/supplier has access to the full eligibility response.
- If applicable, ensure that an updated Medicare Health Insurance Claim Number (HICN, also known as a Medicare Number or Medicare Member ID) is returned to the Medicare provider/supplier who requested eligibility data. If an eligibility request contains valid Medicare beneficiary data but has been submitted with an old, inactive HICN then HETS will return a 271 AAA Error response which also includes the new, active HICN for the same beneficiary. Submitters should ensure that this corrected (or cross-referenced) HICN is provided to the requesting Medicare provider/supplier. The Medicare provider/supplier should update their records to ensure prompt processing of eligibility and claims files.

### HETS 270/271 Submitters should not:

- Ignore CMS notifications regarding updates to the HETS 270/271 application. The majority of releases involve changes to the 271 response. Submitters should modify their systems/products to support HETS changes and return the data that CMS deems is most relevant to Medicare providers/suppliers.
- Offer Medicare providers/suppliers any fewer inquiry choices than are offered by HETS. HETS is ANSI X12 compliant, supporting multiple beneficiary search options, a wide range of Dates of Service, and a variety of Service Type Codes.
- Require the Medicare provider/supplier to submit additional beneficiary details (i.e., gender or Middle Initial) beyond the minimum necessary data required as mandated by the HIPAA standards.
- Migrate to version 5010A1 of HETS 270/271 without enhancing the Submitter's eligibility system/product to support multiple beneficiary search options.