

## 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 R2018Q400 release.

**Request Dates:** 20170901-20181004

**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 *181216*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*20181216*07340000*1*X*005010X279A1~	GS02 = "CMS" GS03 = Submitter ID
ST*271*0001*005010X279A1~	N/A
BHT*0022*11*TRANSA*20181216*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*20170901-20181004~	DTP03 = Date(s) of Service from the 270 inquiry
<b>The following segments illustrate an Inactive (Alien, Deported, or Incarcerated) period.</b>	<b>Medicare Part A or B</b>
EB*6**30~	N/A
DTP*307*RD8*20180126-20180216~	DTP03 = Medicare Entitlement Inactive Date(s)
<b>The following segment illustrates HETS supported Non-Covered Service Type Codes (STCs)</b>	<b>Returned Regardless of Entitlement Status</b>
EB*1**41^54^68^82~	N/A
<b>The following segment illustrates active or inactive Part D Coverage</b>	<b>Medicare Part D</b>
EB*1**88~	EB01= Status of Coverage "1" or "6"
<b>The following segments illustrate Medicaid Enrollment</b>	<b>QMB Dual Eligible</b>
EB*R**QM*AZ QMB Plan~	EB04 = QM, EB05 = State Code + "QMB Plan"
DTP*290*RD8*20180401-20180531~	<b>DTP03 = Medicaid Enrollment Start Date and End Date</b>
<b>The following segments illustrate Part A Entitlement/Coverage</b>	<b>Medicare Part A</b>
EB*1**30^10^15^42^45^48^49^65^69^76^78^83^A5^A7^AG^BT^BU^BV*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
<b>The following segments illustrate Part A Spell Dates</b>	<b>Medicare Part A</b>
EB*D**30*MA~	EB04 = MA
DTP*292*RD8*20180322-20180407~	DTP03 = Spell DOEBA/DOLBA
<b>The following segments illustrate Part A Base Deductible Financial Data</b>	<b>Medicare Part A</b>
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
EB*C**30*MA**26*1316~	EB07 = Part A Base Deductible 2017
DTP*291*RD8*20170101-20171231~	DTP03= Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part A Base Deductible Financial Data Medicaid Enrolled</b>	<b>Medicare Part A + QMB Dual Eligible</b>
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
<b>The following segments illustrate Part A Base as Remaining Deductible Financial Data</b>	<b>Medicare Part A</b>
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
EB*C**30*MA**29*1316~	EB07 = Part A Base as Remaining Deductible 2017
DTP*291*RD8*20170101-20171231~	DTP03= Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part A Spell Remaining Deductible (Intersecting Spell)</b>	<b>Medicare Part A</b>
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
<b>The following segments illustrate Part A "Free" Services</b>	<b>Medicare Part A</b>
EB*C**42^45*MA**26*0~	EB04 = MA, EB07 = Part A Base Deductible 0 (Deductible not applicable)
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
DTP*292*RD8*20170101-20171231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part A Spell Hospital Base Days</b>	<b>Medicare Part A</b> <b>To receive Hospital Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG</b>
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

271 Segment	HETS Returned Values
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
EB*B**30*MA**26*0~	EB04 = MA, EB07 = Part A Spell Hospital Full Days Co-Payment amount per Part A Spell in 2017
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*20170101-20171231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**30*MA**7*329~	EB04 = MA, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day 2017
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*20170101-20171231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part A Spell Hospital Base Days Medicaid Enrolled</b>	<b>Medicare Part A + QMB Dual Eligible To receive Hospital Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG</b>
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 2017 (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
<b>The following segments illustrate Part A Spell Hospital Base Days as Remaining</b>	<b>Medicare Part A To receive Hospital Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG</b>
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)
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**26*0~	EB04 = MA, EB07 = Part A Spell Hospital Full Days Co-Payment Amount per Part A Spell in 2017
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*20170101-20171231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**30*MA**7*329~	EB04 = MA, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day 2017

271 Segment	HETS Returned Values
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*20170101-20171231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part A Spell Hospital Base Days as Remaining Medicaid Enrolled</b>	<b>Medicare Part A + QMB Dual Eligible To receive Hospital Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG</b>
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
<b>The following segments illustrate Part A Spell Hospital Remaining Days (intersecting Spell)</b>	<b>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.</b>
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
<b>The following segments illustrate Part A Spell Hospital Remaining Days (Intersecting Spell) Medicaid Enrolled</b>	<b>Medicare Part A + QMB Dual Eligible To receive Hospital Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG</b>
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
<b>The following segments illustrate Part A Spell SNF Base Days</b>	<b>Medicare Part A To receive Skilled Nursing Facility Data the 270 request MUST contain STC= AG</b>
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)

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
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
EB*B**AG*MA**26*0~	EB04 = MA, EB07 = Part A SNF (Full) Days Co-Payment Amount per Part A Spell in 2017
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*20170101-20171231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**AG*MA**7*164.5~	EB04 = MA, EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2017
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*20170101-20171231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part A Spell SNF Base Days Medicaid Enrolled</b>	<b>Medicare Part A + QMB Dual Eligible To receive Skilled Nursing Facility Data the 270 request MUST contain STC= AG</b>
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
<b>The following segments illustrate Part A Spell SNF Base Days as Remaining</b>	<b>Medicare Part A To receive Skilled Nursing Facility Data the 270 request MUST contain STC= AG</b>
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
EB*B**AG*MA**26*0~	EB04 = MA, EB07 = Part A SNF (Full) Days Co-Payment per Part A SNF Spell in 2017
HSD***DA**29*20~	HSD06 = "20" (Part A Spell SNF (Full) Days)
HSD*****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20170101-20171231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**AG*MA**7*164.5~	EB04 = MA, EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2017
HSD***DA**29*80~	HSD06 = "80" (Part A Spell SNF Coinsurance Days)
HSD*****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20170101-20171231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible

271 Segment	HETS Returned Values
<b>The following segments illustrate Part A Spell SNF Base Days as Remaining Medicaid Enrolled</b>	<b>Medicare Part A + QMB Dual Eligible To receive Skilled Nursing Facility Data the 270 request MUST contain STC= AG</b>
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
<b>The following segments illustrate Part A Spell SNF Remaining Days (Intersecting Spell)</b>	<b>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.</b>
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
<b>The following segments illustrate Part A Spell SNF Remaining Days (Intersecting Spell) Medicaid Enrolled</b>	<b>Medicare Part A + QMB Dual Eligible To receive Skilled Nursing Facility Data the 270 request MUST contain STC= AG</b>
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
<b>The following segments illustrate Part A Lifetime Reserve Days</b>	<b>Medicare Part A To receive Lifetime Reserve Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG.</b>
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
<b>The following segments illustrate Part A Lifetime Reserve Days Co-Payment Amount</b>	<b>Medicare Part A To receive Lifetime Reserve Data the 270 request MUST contain STC= 47, 48, 49, A5, A7 and/or AG.</b>
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
EB*K**30*MA**7*658~	EB07 = Part A Co-Payment amount per day 2017
DTP*435*RD8*20170101-20171231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible

271 Segment	HETS Returned Values
<b>The following segments illustrate Part A Lifetime Reserve Days Co-Payment Amount Medicaid Enrolled</b>	<b>Medicare Part A + QMB Dual Eligible</b> To receive Lifetime Reserve Data the 270 request <b>MUST</b> contain <b>STC= 47, 48, 49, A5, A7 and/or AG.</b>
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
<b>The following segments illustrate Part A Lifetime Psychiatric Limitation Data</b>	<b>Medicare Part A</b> To receive Lifetime Psychiatric Limitation Data the 270 request <b>MUST</b> contain <b>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.</b>
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
<b>The following segment illustrates Part A Hospice Occurrence Count</b>	<b>Medicare Part A</b> <b>Only returned if STC=45 is requested on 270</b>
EB*D**45*MA**26***99*1~	EB10 = Part A Hospice Occurrence Count
<b>The following segments illustrate Part B Entitlement/Coverage</b>	<b>Medicare Part B</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^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
<b>The following segments illustrate Part B Base Deductible Financial Data</b>	<b>Medicare Part B</b>
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
EB*C**30*MB**23*183~	EB04 = "MB", EB07 = Part B Base Deductible 2017
DTP*291*RD8*20170101-20171231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part B Base Deductible Financial Data Medicaid enrolled</b>	<b>Medicare Part B + QMB Dual Eligible</b>
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
<b>The following segments illustrate Part B Remaining Deductible Financial Data</b>	<b>Medicare Part B</b>
EB*C**30*MB**29*0~	EB04 = "MB", EB07 = Part B Remaining Deductible 2018

271 Segment	HETS Returned Values
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
EB*C**30*MB**29*0~	EB04 = "MB", EB07 = Part B Remaining Deductible 2017
DTP*291*RD8*20170101-20171231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part B Coinsurance Financial Data</b>	<b>Medicare Part B</b>
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
EB*A**30*MB**27*.2	EBO\$ = "MB", EB08 = Part B Plan Level Coinsurance 2017
DTP*291*RD8*20170101-20171231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part B Coinsurance Financial Data Medicaid Enrolled</b>	<b>Medicare Part B + QMB Dual Eligible</b>
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
<b>The following segments illustrate Part B "Free" Services Deductible</b>	<b>Medicare Part B</b>
EB*C**42^5^67^AJ*MB**23*0~	EB04 = "MB", EB07 = Part B Base Deductible is not applicable
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
DTP*292*RD8*20170101-20171231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
<b>The following segments illustrate Part B "Free" Services Coinsurance</b>	<b>Medicare Part B</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*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
DTP*292*RD8*20170101-20171231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible

271 Segment	HETS Returned Values
<b>The following segments illustrate Part B Preventive HCPCS Codes Benefit Level Financial Data</b>	<b>Medicare Part B</b> Only returned if HETS Supported Preventive HCPCS Code (EQ02 value) is requested on the 270. <b>Deductibles/Coinsurance for HCPCS Codes that match Plan Level will not be returned.</b> <b>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.</b>
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
<b>The following segments illustrate Part B Preventive HCPCS Codes Beneficiary Specific Next Eligible Date</b>	<b>Medicare Part B</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
<b>The following segments illustrate Part B Smoking Cessation Sessions</b>	<b>Medicare Part B</b> Only returned if STC= 67 is requested on 270. <b>NOTE: HETS will return either Number of Sessions Remaining or Next Eligible Date.</b>
EB*F**67*MB**22***VS*8~	EB10 = Part B Base Number of Smoking Cessation Sessions
HSD*VS*6***29~ (See note above)	HSD03 = Number of Smoking Cessation Sessions Remaining
OR	N/A
DTP*348*D8*20160101~	DTP03 = Next Eligible Date for Smoking Cessation if all sessions used
<b>The following segments illustrate Part B Therapy Benefit Detail</b>	<b>Medicare Part B</b> Only returned if STC= AD, AE or AF is requested on 270
EB*D**AD*MB***1345~	EB03 = AD for Occupational Therapy, EB07= Therapy Amount Used
DTP*292*RD8*20180101-20181231~	DTP03 = Calendar Year

271 Segment	HETS Returned Values
MSG*USED AMOUNT~	N/A
EB*D**AD*MB***200~	EB03 = AD for Occupational Therapy, EB07= Therapy Amount Used
DTP*292*RD8*20170101-20171231~	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
EB*D**AE*MB***0~	EB03 =AE for Physical/Speech Therapy, EB07= Therapy Amount Used
DTP*292*RD8*20170101-20171231~	DTP03 = Calendar Year
MSG*USED AMOUNT~	N/A
<b>The following segments illustrate Part B Rehabilitation Benefit Detail</b>	<b>Medicare Part B Only returned if STC=BF or BG is requested on 270</b>
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
<b>The following segments illustrate Home Health Episodes</b>	<b>Medicare Part A or B Only returned if STC=42 is requested on 270</b>
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*ORGNAME*****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
<b>The following segments illustrate Home Health Certification/Recertification Dates</b>	<b>Medicare Part A or B</b> <b>Only returned if STC=42 is requested on 270.</b> <b>Up to 10 each Home Health Certification and Recertification dates will be returned.</b>
EB*X*****HC G0180~	EB13 = Home Health Certification HCPCS Code
DTP*193*D8*20170521~	DTP03 = Home Health Certification Start Date
EB*X*****HC G0179~	EB13 = Home Health Recertification HCPCS Code
DTP*193*D8*20170917~	DTP03 = Home Health Recertification Date
DTP*193*D8*20170719~	DTP03 = Home Health Recertification Date
<b>The following segments illustrate Part A Hospice Episodes</b>	<b>Medicare Part A</b> <b>Only returned if STC=45 is requested on 270 and beneficiary is Part A entitled</b>
EB*X**45*MA**26~	N/A
DTP*292*RD8*20171115-20171205~	DTP03 = Hospice Period Date(s)
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
<b>The following segments illustrate Part B ESRD data</b>	<b>Medicare Part A or B</b> <b>Only returned if STC=14 or 15 is requested on 270</b>
EB*D**14*MB~	EB03 = 14 for Dialysis performed at home or in an outpatient facility
DTP*356*D8*20110601~	DTP03 = ESRD Dialysis Method Start Date
DTP*096*D8*20130105~	DTP03 = Kidney Transplant Hospital Discharge Date
OR	N/A
EB*D**15*MA~	EB03 = 15 for Dialysis performed as a part of an Inpatient stay
DTP*356*D8*20110601~	DTP03 = ESRD Dialysis Method Start Date
DTP*096*D8*20130105~	DTP03 = Kidney Transplant Hospital Discharge Date
<b>The following segments illustrate Blood Deductible Data</b>	<b>Medicare Part A or B</b> <b>Only returned if STC=10 is requested on 270</b>
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
EB*E**10***23***DB*3~	EB10 = Number of Fully Covered Units
HSD*FL*1***29~	HSD02 = Number of Units Remaining
DTP*292*RD8*20170101-20171231~	DTP03 = Calendar year
<b>The following segments illustrate Part D Enrollment</b>	<b>Medicare Part A or B</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
<b>The following segments illustrate Part C MA (Medicare Advantage) enrollment</b>	<b>Medicare Part A or B</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
<b>The following segments illustrate MSP Enrollment</b>	<b>Medicare Part A or B</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
<b>The following segments illustrate the end of a transaction.</b>	<b>N/A</b>
SE*236*0001~	N/A

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