

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, Acupuncture, Cognitive Assessment, Vaccination, and Occupational, Physical and Speech Therapies. This example does not include Part B Immunosuppressive Drug Benefit (Part B-ID).

Note: The information in Table 1 is a representative example as of the HETS R2023Q200 release.

Request Dates: 20220101-20230617

Part A Entitlement: 20160901 - No term date

Part B Entitlement: 20160901 - No term date

QMB/Medicaid Enrollment Dates: 20220401-20220531

Part A Spell: 20220322-20220407 (Medicare only within Spell DOEBA/DOLBA dates 20220322-20220331, QMB within Spell DOEBA/DOLBA dates) 20220401-20220407)

Medicare Only: 20160901-20220331, 20220601 – No Term Date

Table 1: Medicare 5010A1 271 Transaction Example

271 Segment	HETS Returned Values
ISA*00* *00* *ZZ*CMS *ZZ*SUBMITTERID *230615*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*20230615*07340000*1*X*005010X279A1~	GS02 = "CMS" GS03 = Submitter ID
ST*271*0001*005010X279A1~	N/A
BHT*0022*11*TRANSA*20230615*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"

271 Segment	HETS Returned Values
HL*3*2*22*0~	N/A
TRN*2*TRACKNUM*ABCDEFGHIJ~	N/A
NM1*IL*1*LNAME*FNAME*M***MI*MEMBERID~	NM109 = HETS requires MBI on the 270 and returns MBI on the 271
N3*ADDRESS LINE1*ADDRESS LINE2~	N/A
N4*CITY*ST*ZIPCODE~	N/A
DMG*D8*19400401*F~	N/A
DTP*307*RD8*20220101-20230617~	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*20220126-20220216~	DTP03 = Medicare Entitlement Inactive Date(s)
The following segment illustrates HETS supported Non-Covered Service Type Codes (STCs)	Returned Regardless of Entitlement Status
EB*1**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*20220401-20220531~	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
MSG* <Medicare Entitlement/Enrollment Reason Code> - <Medicare Entitlement/Enrollment Code Text Value>~	The values in the < > will reflect the most recent entitlement reason code (and text value) on file. If there is no entitlement code on file, then no entitlement MSG segment is returned.
The following segments illustrate Part A Hospital/SNF Spell Dates	Medicare Part A

271 Segment	HETS Returned Values
EB*D**30*MA~	EB04 = MA
DTP*292*RD8*20220322-20220407~	DTP03 = Spell DOEBA/DOLBA
EB*D**48*MA~	EB03 = 48 Part A Hospital Stay
DTP*435*D8*20220322-20220407~	DTP03 = Hospital Start & End Dates
LS*2120~	N/A
NM1*FA*2*****XX*1234567893~	NM109 = billing Hospital NPI
LE*2120~	N/A
The following segments illustrate Part A Base Deductible Financial Data	Medicare Part A
EB*C**30*MA**26*1600~	EB07 = Part A Base Deductible 2023
DTP*291*RD8*20230101-20231231~	DTP03= Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*C**30*MA**26*1556~	EB04 = MA, EB07 = Part A Base Deductible 2022
DTP*291*RD8*20220601-20221231~	DTP03= Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*291*RD8*20220101-20220331~	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)
DTP*291*RD8*20220401-20220531~	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*1600~	EB07 = Part A Base as Remaining Deductible 2023
DTP*291*RD8*20230101-20231231~	DTP03= Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*C**30*MA**29*1556~	EB04 = MA, EB07 = Part A Base as Remaining Deductible 2022

271 Segment	HETS Returned Values
DTP*291*RD8*20220601-20221231~	DTP03= Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*291*RD8*20220101-20220331~	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*20220322-20220331~	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*20230101-20231231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*292*RD8*20220601-20221231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*292*RD8*20220101-20220331~	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 2023
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*20230101-20231231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**30*MA**7*400~	EB04 = MA, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day 2023

271 Segment	HETS Returned Values
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*20220101-20221231~	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 2022
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*20220601-20221231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*435*RD8*20220101-20220331~	DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**30*MA**7*389~	EB04 = MA, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day 2022
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*20220601-20221231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*435*RD8*20220101-20220331~	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 2022 (Co-payment amount not applicable)

271 Segment	HETS Returned Values
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*20220401-20220531~	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 2022 (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*20220401-20220531~	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 2023
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*20230101-20231231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**30*MA**7*400~	EB04 = MA, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day 2023
HSD***DA**29*30~	HSD06 = "30" (Illustrates Part A Spell Hospital Coinsurance Days)

271 Segment	HETS Returned Values
HSD*****26*1~	HSD06 = "1" (per Part A Spell)
DTP*435*RD8*20220101-20221231~	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 2022
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*20220601-20221231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*435*RD8*20220101-20220331~	DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**30*MA**7*389~	EB04 = MA, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount per day 2022
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*20220601-20221231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*435*RD8*20220101-20220331~	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 2022 (Co-payment amount not applicable)
HSD***DA**29*60~	HSD06 = "60" (Illustrates Part A Spell Hospital Full Days)

271 Segment	HETS Returned Values
HSD*****26*1~	HSD06 = "1" (per Part A Spell)
DTP*435*RD8*20220401-20220531~	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 2022 (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*20220401-20220531~	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 2022
HSD***DA**29*50~	HSD06 = Part A Spell Hospital Full Days Remaining
HSD*****26*1~	HSD06 = "1" (per Part A Spell)
DTP*435*RD8*20220322-20220331~	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*389~	EB04 = MA, EB07 = Part A Spell Hospital Coinsurance Days Co-Payment Amount 2022
HSD***DA**29*30~	HSD06 = Part A Spell Hospital Coinsurance Days Remaining
HSD*****26*1~	HSD06 = "1" (per Part A Spell)

271 Segment	HETS Returned Values
DTP*435*RD8*20220322-20220331~	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 2022 (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*20220401-20220407~	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 2022 (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*20220401-20220407~	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 2023
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*20230101-20231231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**AG*MA**7*200~	EB04 = MA, EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2023
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*2023101-20231231~	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 2022
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*20220601-20221231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*435*RD8*20220101-20220331~	DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**AG*MA**7*194.50~	EB04 = MA, EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2022
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*20220601-20221231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*435*RD8*20220101-20220331~	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 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 2022 (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*20220401-20220531~	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 SNF (Full) Days Co-Payment per Part A Spell in 2022 (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*20220401-20220531~	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 2023
HSD***DA**29*20~	HSD06 = "20" (Part A Spell SNF (Full) Days)
HSD*****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20230101-20231231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**AG*MA**7*200~	EB04 = MA, EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2023
HSD***DA**29*80~	HSD06 = "80" (Part A Spell SNF Coinsurance Days)

271 Segment	HETS Returned Values
HSD*****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20230101-20231231~	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 2022
HSD***DA**29*20~	HSD06 = "20" (Part A Spell SNF (Full) Days)
HSD*****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20220601-20221231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*435*RD8*20220101-20220331~	DTP03 = Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*B**AG*MA**7*194.50~	EB04 = MA, EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2022
HSD***DA**29*80~	HSD06 = "80" (Part A Spell SNF Coinsurance Days)
HSD*****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20220601-20221231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*435*RD8*20220101-20220331~	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 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 2022 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)

271 Segment	HETS Returned Values
DTP*435*RD8*20220401-20220531~	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 2022 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*20220401-20220531~	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 2022
HSD***DA**29*20~	HSD06 = Part A Spell SNF (Full) Remaining Days
HSD*****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20220322-20220331~	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*194.5~	EB07 = Part A Spell SNF Coinsurance Days Co-Payment Amount per day 2022
HSD***DA**29*80~	HSD06 = Part A Spell SNF Coinsurance Remaining Days
HSD*****26*1~	HSD06 = "1" (per SNF Spell)
DTP*435*RD8*20220322-20220331~	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 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

271 Segment	HETS Returned Values
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 2022 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*20220401-20220407~	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 2022 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*20220401-20220407~	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*800~	EB07 = Part A Co-Payment amount per day 2023
DTP*435*RD8*20230101-20231231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*K**30*MA**7*778~	EB07 = Part A Co-Payment amount per day 2022

271 Segment	HETS Returned Values
DTP*435*RD8*20220601-20221231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*435*RD8*20220101-20220331~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
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 2022 (Co-Payment not applicable)
DTP*435*RD8*20220401-20220531~	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 segments illustrate Part B Entitlement/Enrollment Coverage	Medicare Part B
EB*1**30^10^12^13^14^18^20^23^24^25^26^27^28^33^36^37^38^39^40^42^50^51^52^53^62^65^67^69^73^76^78^81^83^86^93^98^99^A0^A3^A4^A6^A8^AD^AE^AF^AI^AJ^AK^AL^BD^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
MSG*<Medicare Entitlement/Enrollment Reason Code> - <Medicare Entitlement/Enrollment Code Text Value>~	The values in the < > will reflect the most recent entitlement/enrollment reason code (and text value) on file. If there is no entitlement/enrollment code on file, then no entitlement MSG segment is returned.
The following segments illustrate Part B Vaccination Entitlement/Coverage	Medicare Part B Only returned if STC=80 or STC=CO is requested on 270. Only 80 or CO are returned in this separate loop with the current HETS system date. If both STC 80 and CO are requested, they can be returned as shared Entitlement/Coverage segments.

271 Segment	HETS Returned Values
EB*1**80^CO*MB~	EB03= "80" and "CO", EB04= "MB"
DTP*771*D8*CCYMMDD~	DTP01= "771", DTP03= Current HETS System Date
The following segments illustrate Part B Base Deductible Financial Data	Medicare Part B
EB*C**30*MB**23*226~	EB04 = "MB", EB07 = Part B Base Deductible 2023
DTP*291*RD8*20230101-20231231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*C**30*MB**23*233~	EB04 = "MB", EB07 = Part B Base Deductible 2022
DTP*291*RD8*20220601-20221231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*291*RD8*20220101-20220331~	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 2022 (\$0=Not applicable)
DTP*291*RD8*20220401-20220531~	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 2023
DTP*291*RD8*20230101-20231231~	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 2022
DTP*291*RD8*20220601-20221231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*291*RD8*20220101-20220331~	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~	EB04= "MB", EB08 = Part B Plan Level Coinsurance 2023

271 Segment	HETS Returned Values
DTP*291*RD8*20230101-20231231~	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 2022
DTP*291*RD8*20220601-20221231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*291*RD8*20220101-20220331~	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 2022 (\$0=Not applicable)
DTP*291*RD8*20220401-20220531~	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**42^5^67^80^AJ^CO*MB**23*0~	EB04 = "MB", EB07 = Part B Base Deductible is not applicable. STC 80 and/or CO are combined with other free services for the current year
DTP*292*RD8*20230101-20231231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
EB*C**42^5^67^AJ*MB**23*0~	EB04 = "MB", EB07 = Part B Base Deductible is not applicable. STC 80 and/or STC CO only return for the current year so prior years are a combination of other free services (excluding STC 80 and/or CO)
DTP*292*RD8*20220601-20221231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*292*RD8*20220101-20220331~	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**42^5^67^80^AJ^CO*MB**27**0~	EB04 = "MB", EB08 = Part B Co-Insurance for Part B is not applicable. STC 80 and/or CO are combined with other free services for the current year
DTP*292*RD8*20230101-20231231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible

271 Segment	HETS Returned Values
EB*A**42^5^67^AJ*MB**27**0~	EB04 = "MB", EB08 = Part B Co-Insurance for Part B is not applicable. STC 80 and/or STC CO only return for the current year so prior years are a combination of other free services (excluding STC 80 and/or CO)
DTP*292*RD8*20220601-20221231~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
DTP*292*RD8*20220101-20220331~	DTP03 = Calendar Year or Dates within calendar year for when beneficiary is Medicare entitled and not dual eligible
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 90671~	EB07 = Part B Plan Applicable Deductible Amount (Waived for this service)
DTP*292*D8*20230315~	DTP03 = System Date when the 270 request was processed
EB*C***MB**23*0*****HC G0117~	EB07 = Part B Plan Applicable Deductible Amount (Not waived for this service but Medicare beneficiary has already met their 2022 Part B Deductible)
DTP*292*D8*20230315~	DTP03 = System Date when the 270 request was processed
EB*C***MB**23*0*****HC G0327~	EB07 = Part B Plan Applicable Deductible Amount (Waived for this service)
DTP*292*D8*20230315~	DTP03 = System Date when the 270 request was processed
EB*C***MB**23*0*****HC G0476~	EB07 = Part B Plan Applicable Deductible Amount (Waived for this service)
DTP*292*D8*20230315~	DTP03 = System Date when the 270 request was processed
EB*A***MB**27**0*****HC 90671~	EB08 = Part B Plan Applicable Coinsurance Amount (Waived for this service)
DTP*292*D8*20230315~	DTP03 = System Date when the 270 request was processed

271 Segment	HETS Returned Values
EB*A***MB**27**2*****HC G0117~	EB08 = Part B Plan Applicable Coinsurance Amount (Not waived for this service)
DTP*292*D8*20230315~	DTP03 = System Date when the 270 request was processed
EB*A***MB**27**0*****HC G0327~	EB08 = Part B Plan Applicable Coinsurance Amount (Waived for this service)
DTP*292*D8*20230315~	DTP03 = System Date when the 270 request was processed
EB*A***MB**27**0*****HC G0476~	EB08 = Part B Plan Applicable Coinsurance Amount (Waived for this service)
DTP*292*D8*20230315~	DTP03 = System Date when the 270 request was processed
The following segments illustrate Part B Preventive HCPCS Codes Which Return Next Eligible Dates	Medicare Part B Only returned if HETS Supported Preventive HCPCS Code (EQ02 value) is requested on the 270 and that supported Preventive HCPCS Code returns next eligible dates.
EB*D***MB*****HC G0327~	EB13 = Part B Preventive HCPCS Code
DTP*348*D8*20160901~	DTP03 = Next Eligible Date for Preventive Service
EB*D***MB*****HC G0476~	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~	HSD02 = Number of Smoking Cessation Sessions Remaining
DTP*292*D8*20220501~	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

271 Segment	HETS Returned Values
DTP*292*RD8*20230101-20231231~	DTP03 = Calendar Year
MSG*USED AMOUNT~	N/A
EB*D**AD*MB***1345~	EB03 = AD for Occupational Therapy, EB07= Therapy Amount Used
DTP*292*RD8*20220101-20221231~	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*20230101-20231231~	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*20220101-20221231~	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*Technical~	N/A
EB*F**BF*MB**29***CA*36~	EB10 = Number of Pulmonary Rehabilitation Sessions remaining
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*0~	EB10 = Number of Cardiac Rehabilitation Sessions used
MSG*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
EB*F**BG*MB*****99*15~	EB10 = Number of Intensive Cardiac Rehabilitation Services Used <i>only if</i> MSG01 = Intensive Cardiac Rehabilitation

271 Segment	HETS Returned Values
MSG*Intensive Cardiac Rehabilitation – Professional~	N/A
The following segments illustrate Acupuncture Services	Medicare Part B Only returned if STC=64 is requested on 270
EB*F**64*MB**29***CA*19~	EB10 = Number of Acupuncture Sessions remaining
DTP*472*D8* 20230107~	DTP03 = First Technical Date for Acupuncture Services in the current annual period. See HETS Companion Guide Section 7.23 for additional information on Acupuncture.
MSG*Technical~	N/A
EB*F**64*MB**29***CA*20~	EB10 = Number of Acupuncture Sessions remaining
DTP*472*D8* 20221110~	DTP03 = Next Professional Eligible Date for Acupuncture Services. See HETS Companion Guide Section 7.23 for additional information on Acupuncture.
MSG*Professional~	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* 20220408-20220506~	DTP03 = Home Health Period Start & End Dates
DTP*193*D8*20220408~	DTP03 = Home Health Period DOEBA
DTP*194*D8*20220506~	DTP03 = Home Health Period DOLBA
MSG* <PatientStatusCode> - <PatientStatusCodeText>~	The values in the < > will reflect the Home Health Patient Status Code on file. If there is no Home Health Patient Status Code on file, then no Home Health MSG segment for Patient Status Code is returned.
MSG*NOA - <NOAIndicator>~	The values in the < > will reflect the Home Health Notice of Admission (NOA) Indicator code on file. Indicator codes that can be returned are '1' (NOA received without condition code 47) or '2' (NOA received with condition code 47). If there is no Home Health NOA Indicator on file, then no Home Health MSG segment for NOA Indicator is returned.
LS*2120~	N/A
NM1*PR*2*ORGNAME*****PI*CONTR~	NM103 = Home Health Contractor Name NM109 = Home Health Contractor Number

271 Segment	HETS Returned Values
NM1*1P*2*****XX*1234567890~	NM109 = Home Health Service Provider NPI
LE*2120~	N/A
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*20220521~	DTP03 = Home Health Certification Start Date
EB*X*****HC G0179~	EB13 = Home Health Recertification HCPCS Code
DTP*193*D8*20220917~	DTP03 = Home Health Recertification Date
DTP*193*D8*20220719~	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. HETS returns up to a maximum of fifty (most recently) billed Hospice episodes on the 271 response.
EB*X**45*MA**26~	N/A
DTP*292*D8*20180328~	Hospice Election Date(s) DTP01 = HETS returns '292' for Hospice Election or Benefit period date(s) DTP03 = Hospice NOE Date
DTP*318*D8*20180401~	Hospice Election Receipt Date DTP01 = HETS returns '318' for Hospice Election Receipt Date DTP03 = Hospice NOE Receipt Date
DTP*349*D8*20180430~	Hospice Election Revocation Date DTP01 = HETS returns '349' for Hospice Election Revocation Date DTP03 = Hospice NOE Revocation Date
MSG*Revocation Code - 1~	Hospice Election Revocation Indicator (returned as a code) MSG01 = "Revocation Code" + "Hospice Revocation Code Value"
LS*2120~	N/A

271 Segment	HETS Returned Values
NM1*1P*2*****XX*1234567890~	Hospice Election NPI NM109 = Hospice Election Provider NPI
LE*2120~	N/A
EB*X**45*MA**26~	N/A
HSD*DY*7~	Hospice Benefit Period Days Used HETS returns up to fifty (most recently billed) Hospice Benefit periods HSD02 = Hospice Days Used in the billed episode
DTP*292*RD8*20180405-20180411~	Hospice Benefit Period Effective and Termination Dates DTP01 = HETS returns '292' for Hospice Election or Benefit period date(s) DTP03 = Hospice Benefit Period Effective Date - Termination Date
DTP*435*RD8*20180405-20180411~	Hospice Benefit Period DOEBA-DOLBA DTP01 = HETS returns '435' for Hospice Benefit Period DOEBA-DOLBA dates DTP03 = Hospice episode DOEBA-DOLBA
LS*2120~	N/A
NM1*1P*2*****XX*1234567893~	Hospice Benefit Period NPI NM109 = Hospice Benefit Period 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*20150601-20210101~	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

271 Segment	HETS Returned Values
EB**E**10***23***DB*3~	EB10 = Number of Fully Covered Units
HSD*FL*1***29~	HSD02 = Number of Units Remaining
DTP*292*RD8*20230101-20231231~	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*20220101-20221231~	DTP03 = Calendar year
The following segments illustrate Part D Enrollment	Medicare Part A or B
EB**R**88*OT~	N/A
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 Medicare Advantage (MA) 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*MA Bill Option Code- C~	MSG01 = "MA Bill Option Code -" + " " + Bill Option Code
LS*2120~	N/A

271 Segment	HETS Returned Values
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
REF*6P*DOL 01072020~	REF02 = MSP Group Number or Date of Loss (DOL). If the returned value is a series of zeroes, this indicates that while there is an MSP enrollment record in CWF, the CWF record does not include the actual MSP Insurance Group Number. If the returned value begins with the acronym 'DOL', then the subsequent value is the Date of Loss.
DTP*290*RD8*20170701-20220401~	DTP03 = MSP Effective Date(s)
DTP*636*D8*20220401~	DTP03 = MSP Last Maintenance Date
MSG*S8002XA,S40012A,S93609A,G5622~	MSG02 = All MSP diagnosis codes related to the MSP enrollment period
MSG*Source Code- 22-11122-MIR Non-Group Health Plan~	MSG02 = MSP Source Code & code value description
MSG* Patient Relationship- 01-Patient is insured~	MSG02 = MSP Patient Relationship Code & code value description
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

271 Segment	HETS Returned Values
The following segments illustrate Part B Preventive HCPCS Codes Which Return Prior Service History	Medicare Part B Only returned if HETS Supported Preventive HCPCS Codes (EQ02 value) 90670, 90671, 90677 and/or 90732 are requested on the 270, the Medicare beneficiary has active entitlement for Medicare Part B, there is no Date of Death on file at the time of the request and there is prior usage of that service
EB*D***MB*****HC 90671~	EB13 = Preventive HCPCS Code
DTP*472*D8*20180103~	DTP01 = 472 DTP03 = Most recent Date of Service for HCPCS 90671
LS*2120~	N/A
NM1*1P*2*****XX*1234567890~	NM109 = Rendering NPI for HCPCS Code 90671
LE*2120~	N/A
EB*D***MB*****HC 90671~	EB13 = Preventive HCPCS Code
DTP*472*D8*20160101~	DTP01 = 472 DTP03 = Second most recent Date of Service for HCPCS 90671
LS*2120~	N/A
NM1*1P*2*****XX*1234567890~	NM109 = Rendering NPI for HCPCS Code 90671
LE*2120~	N/A
The following segments illustrate COVID-19 Vaccination Services	Medicare Part B Only returned if STC=80 is requested on 270 for a Medicare beneficiary that has active Entitlement for Medicare Part B and does not have a Date of Death on file at the time of the request
EB*D*****HC 91300~	EB13-02 = COVID-19 Vaccine Code 91300
DTP*472*D8*20210812~	DTP01 = 472 DTP03 = Most recent Date of Service for Code 91300
LS*2120~	N/A
NM1*1P*2*****XX*1234567893~	NM109 = Rendering NPI for Vaccine Code 91300
LE*2120~	N/A
EB*D*****HC 0003A~	EB13-02 = COVID-19 Vaccine Administration Code 0003A
DTP*472*D8*202100812~	DTP01 = 472 DTP03 = Third Vaccine Administration Date

271 Segment	HETS Returned Values
LS*2120~	N/A
NM1*1P*2*****XX*1234567893~	NM109 = Rendering NPI for Vaccine Administration Code 0003A
LE*2120~	N/A
EB*D*****HC 0002A~	EB13-02 = COVID-19 Vaccine Administration Code 0002A
DTP*472*D8*20210123~	DTP01 = 472 DTP03 = Second Vaccine Administration Date
LS*2120~	N/A
NM1*1P*2*****XX*1234567893~	NM109 = Rendering NPI for Vaccine Administration Code 0002A
LE*2120~	N/A
EB*D*****HC 0001A~	EB13-02 = COVID-19 Vaccine Administration Code 0001A
DTP*472*D8*20201221~	DTP01 = 472 DTP03 = First Vaccine Administration Date
LS*2120~	N/A
NM1*1P*2*****XX*1987654323~	NM109 = Rendering NPI for Vaccine Administration Code 0001A
LE*2120~	N/A
The following segments illustrate Influenza (Flu) Vaccination Services	Medicare Part B Only returned if STC=CO is requested on 270 for a Medicare beneficiary that has active Entitlement for Medicare Part B and does not have a Date of Death on file at the time of the request
EB*D*****HC 90630~	EB13-02 = Flu Vaccine Code 90630
DTP*472*D8*20210101~	DTP01 = 472 DTP03 = Date of Service for Code 90630
LS*2120~	N/A
NM1*1P*2*****XX*1987654323~	NM109 = Rendering NPI for Flu Vaccine Code 90630
LE*2120~	N/A
EB*D*****HC G0008~	EB13-02 = Flu Vaccine Administration Code G0008
DTP*472*D8*20210101~	DTP01 = 472 DTP03 = Flu Vaccine Administration Date
LS*2120~	N/A

271 Segment	HETS Returned Values
NM1*1P*2*****XX*1987654323~	NM109 = Rendering NPI for Vaccine Administration Code G0008
LE*2120~	N/A
The following segments illustrate Cognitive Assessment and Care Plan Services Data	Medicare Part B Only returned if STC=BD is requested on 270 for a Medicare beneficiary that has active Entitlement for Medicare Part B and does not have a Date of Death prior to or equal to the requested Date(s) of Service
EB*D*****HCJ99483~	EB13-02 = Cognitive Assessment HCPCS Code 99483
DTP*472*D8*20220103~	DTP01 = 472 DTP03 = Most recent Date of Service for Code 99483
LS*2120~	N/A
NM1*1P*2*****XX*1234567893~	NM109 = Rendering NPI for most recent Date of Service for Code 99483
LE*2120~	N/A
EB*D*****HCJ99483~	EB13-02 = Cognitive Assessment HCPCS Code 99483
DTP*472*D8*20190101~	DTP01 = 472 DTP03 = Second most recent Date of Service for Code 99483
LS*2120~	N/A
NM1*1P*2*****XX*1987654323~	NM109 = Rendering NPI for second most recent Date of Service for Code 99483
LE*2120~	N/A
The following segments illustrate the end of a transaction.	N/A
SE*404*0001~	N/A
GE*1*1~	N/A
IEA*1*11111111~	N/A