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Objective

After this session, attendees will know the multiple ways to verify Medicare enrollment and eligibility and properly identify when a beneficiary has another payer which is primary to Medicare (MSP) or is enrolled in a MAO plan to streamline their intake processes.

Today's Presenters

- Andrea Freibauer, Provider Outreach and Education Consultant

- Christine Janiszcak, Provider Outreach and Education Consultant

Agenda

- What Is an Intake Process?
- Self-Service Tools and Resources
- Avoiding Eligibility Claim Errors
- Stay in the Know!
- Q&A

What Is an Intake Process?

Components of Beneficiary Intake Process

- Gather and verify beneficiary information
  - Name, address and other pertinent information
  - Medicare number (MBI)
  - Medicare eligibility and entitlement information
  - Other payers (MAO/HMO, MSP, supplemental)

Benefits of Efficient Intake Process

- Accuracy of Medicare billing

- Proper payer billed first

- Claims billed correctly with initial submission

- Improved speed and accuracy of reimbursement

Is Your Intake Process Efficient?

- Use resources available to you
  - Beneficiary or beneficiary's representative
  - MSP screening process
  - Self-service options
    - NGSConnex
    - IVR
    - HETS
    - FISS/CWF

Self-Service Tools & Resources

Great Resource: Your Patient!

- May provide information more current than Medicare beneficiary record, such as
  - Changes to name, address, etc.
  - New MBI number
  - Changes in enrollment with Medicare Part A and/or Part B
  - Enrollment or disenrollment in MAO/HMO or supplemental plan
  - Hospice or home health status
  - If services covered under Federal Black Lung benefits
  - TRICARE enrollment or if services covered by VA
  - Retirement date
  - Date of accident

Helpful Tip! Copy Beneficiary's Medicare Card
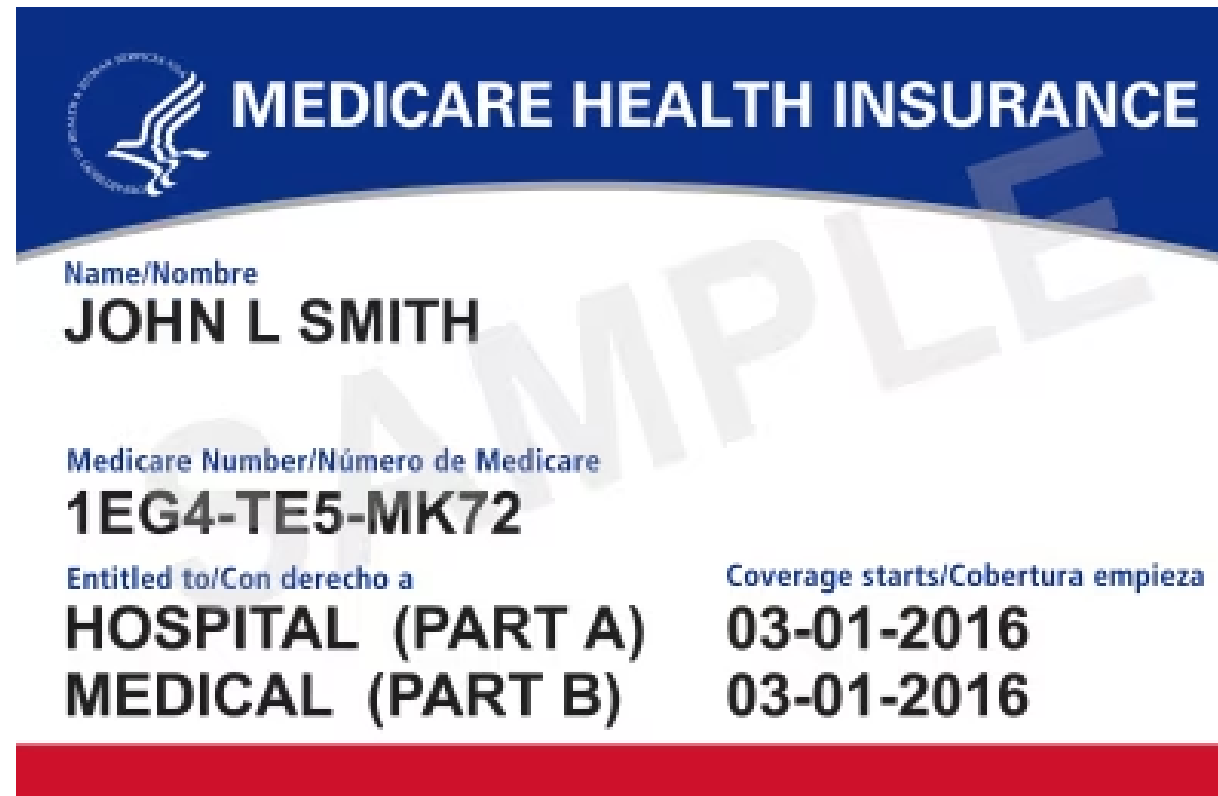
Be Aware of Medicare Enrollment Changes

- Beneficiaries automatically enrolled in Medicare Part A and Part B upon entitlement
  - If chooses to not take Part B will get new card

- Medicare Part A and Part B coverage
  - Automatically terminated if beneficiary does not pay premium for three consecutive months
  - Can be terminated upon beneficiary request (voluntary)

- Beneficiary's MBI can change (new card issued)

What is the MSP Screening Process?

- Process during which providers
  - Check for MSP record(s) for beneficiary
    - Every service
    - Self-service tools: IVR, NGSConnex, HETS, FISS/CWF
  - Collect MSP information from beneficiary/representative by asking questions
    - Every IP admission or OP encounter with beneficiary
    - Some exceptions apply per CMS IOM Publication 100-05 *Medicare Secondary Payer Manual*, Chapter 3, Section 20.1

Collecting MSP Information

- To collect MSP information from beneficiary
  - Use CMS' model MSP questionnaire or your own compliant form
    - [CMS IOM Publication 100-05 *Medicare Secondary Payer Manual*, Chapter 3, Section 20.2.1](#)
  - Model has three parts
  - Online and/or hardcopy format
  - Document beneficiary's responses
  - Retain for ten years
  - No signature required
  - Collect additional information for billing purposes

Determine Primary Payer

- To determine appropriate primary payer for services
  - Compare beneficiary's responses to any MSP record(s)
  - Ensure staff familiar with MSP regulations
    - Medicare Secondary Payer (MSP) Fact Sheet
    - Identify the Proper Order of Payers for a Beneficiary's Services
- Collect information used to bill claims to primary payer when CWF has open MSP record
- Tip: Advise beneficiary to contact BCRC to correct MSP record(s) when necessary
  - Providers should not call BCRC

NGSConnex

- Free, secure, web-based application created by National Government Services

- Many self-service functions to help with intake process
  - Research and print eligibility information or electronically capture to enter into your records
    - Beneficiary eligibility
    - QMB status
    - Crossover/Supplemental plan information
    - MAO/HMO enrollment
    - MSP
    - Home health episodes
    - Hospice benefit periods

NGSConnex – Other Intake Features

- MBI Lookup
  - Search and receive beneficiary's MBI
  - Used when attempts to obtain copy of beneficiary's Medicare card or MBI from beneficiary/beneficiary's authorized representative unsuccessful
- Initiate and check status of Part A Prior Authorization Requests
  - Certain hospital outpatient department services
- Benefit period information (inpatient hospital and SNF)
- Utilization of preventive services

NGSConnex Homepage

Select a Beneficiary

Beneficiary Eligibility Lookup Details

NGSConnex Resources

- Hours of availability
  - Monday – Friday: 6:00 a.m.–7:00 p.m. ET
  - Saturday: 7:00 a.m.–3:00 p.m. ET

- For assistance, call our NGSConnex hotline at 888-855-4356
  - Select Option 2 for NGSConnex Portal access, administration, or site performance assistance
  - Monday - Friday: 8:00 a.m.–4:00 p.m. ET
    - Closed for training on 2nd and 4th Friday of the month 12:00 p.m. - 4:00 p.m.. ET

- *NGSConnex User Guide*

- NGSConnex News

What is the IVR?

- Self-service application using telephone to obtain Medicare beneficiary and/or claim information

- CMS mandates providers utilize IVR instead of calling PCC to access beneficiary eligibility and general information

State	IVR Number	Hours Available*
Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont	877-567-7205	Monday–Friday: 6:00 a.m.–7:00 p.m. ET Saturday: 7:00 a.m.–3:00 p.m. ET
Illinois, Minnesota, Wisconsin	877-309-4290	Monday–Friday: 6:00 a.m.–7:00 p.m. ET Saturday: 7:00 a.m.–3:00 p.m. ET

Checking Beneficiary Eligibility Using IVR

- Same provider validation elements as required for calling PCC
  - NPI
  - PTAN
  - Last five digits of TIN
  - Beneficiary MBI
  - Beneficiary first and last name
  - Beneficiary DOB
  - DOS
- Success Tip!
  - Have all information ready before calling IVR

Information Available Using IVR

- Beneficiary Information
  - Part A and Part B effective and termination dates
  - Corrected MBI
  - Date of death
  - MSP information
    - MSP type, policy number, insurer name, address, effective and termination dates
  - MAO plan number, name, address, telephone number, effective and termination dates
  - Benefit period information (inpatient hospital and SNF)
  - Last inpatient billing date
  - Remaining deductibles and coinsurance amounts
  - Home health name, address, effective and termination dates
  - Hospice name, address, effective and termination dates

NGS IVR Resources

- Interactive Voice Response System
  - *Part A Provider IVR User Guide*
  - *Part A IVR Flow Chart*
  - *Part A Touch-Tone Card/Eligibility Checklist*
  - Interactive Voice Response Conversion Tools
    - Beneficiary Name to Number Converter
    - PTAN and Beneficiary Medicare Number Converter
    - IVR Conversion Tables

What Is HETS?

- Allows users to submit HIPAA compliant 270 eligibility request files over secure connection and receive 271 response files

- CMS does not charge fees to use HETS
  - Submitters must obtain connectivity over internet using secure certificates which may require fees from other non-government organizations

- Available 24 hours a day, seven days a week
  - Data updated once daily (early morning eastern time)
  - Provides information for up to four years prior and up to four months in the future based on transaction date

Information Available Using HETS

- Beneficiary Information
  - Part A and B entitlement and entitlement/enrollment reason code
    - Includes periods of inactivity - incarceration, deportation or alien status
  - Date of death
  - QMB information
  - MSP information, including
  - MSP type code, policy number, group number, enrollment date
  - Enrollment information for MAO/HMO and Medicare Part D
  - Remaining deductibles and coinsurance amounts
  - Benefit period information (hospital and SNF)
  - Home health and hospice periods
  - Preventive services

HETS Resources

- CMS website
  - *HETS User Guide*
  - *HETS2024-1 HETS 270/271 Companion Guide v10-36 (4/23/24 release)*
  - HETS 270/271 FAQs
  - HETS 270/271 Vendor List
- MCARE Help Desk
  - Monday through Friday, 7 a.m.–7 p.m. ET
  - mcare@cms.hhs.gov
  - 866-324-7315

What Is FISS, FISS DDE and CWF?

- FISS
  - Standard Medicare Part A claims processing system used by MACs
- FISS DDE
  - Provider access to FISS through EDI Enrollment
    - *EDI Enrollment Process User Guide*
  - Login ID and password required
    - Individual use only - do not share with coworkers or other staff
- CWF
  - Maintains national beneficiary records
  - Providers access through FISS DDE system
    - Inquiry submenu (01) then Beneficiary/CWF option (10)

Information Available Using FISS DDE

- Beneficiary Information
  - Part A and Part B effective and termination dates
  - Benefit period information (inpatient hospital and SNF)
  - Remaining deductibles and coinsurance amounts
  - Date of death
  - MSP information, including
    - MSP type, policy number, insurer name, address, effective and termination dates
  - MAO information, including
    - Plan number, name, address, telephone, effective and termination dates
  - Home health episodes
  - Hospice periods

FISS Main Menu


```
MAP1701              NATIONAL GOVERNMENT SERVICES,#13001 UAT  ACMFA561 11/03/20
MXG9282                         MAIN MENU                     A20204CP 11:01:27


                    01      INQUIRIES

                    02      CLAIMS/ATTACHMENTS

                    03      CLAIMS CORRECTION

                    04      ONLINE REPORTS




        ENTER MENU SELECTION: _


        PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```

Inquiries Submenu

```
MAP1702              NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 03/11/20
MXG9282                          INQUIRY MENU                   A2020200 13:18:11


        BENEFICIARY/CWF          10    ZIP CODE FILE           19
        DRG (PRICER/GROUPER)     11    OSC REPOSITORY INQUIRY  1A
        CLAIM SUMMARY            12    CLAIM COUNT SUMMARY      56
        REVENUE CODES            13    HOME HEALTH PYMT TOTALS 67
        HCPC CODES               14    ANSI REASON CODES        68
        DX/PROC CODES ICD-9      15    CHECK HISTORY           FI
        ADJUSTMENT REASON CODES  16    DX/PROC CODES ICD-10    1B
        REASON CODES             17    CMHC PAYMENT TOTALS     1C
        INVOICE NO/DCN TRANS     88    PROV PRACTICE ADDR QUER 1D
                                       NEW HCPC SCREEN         1E




        ENTER MENU SELECTION:
```

Beneficiary/CWF - Eligibility Detail

- From FISS Online Inquiries submenu, type '10' (Beneficiary/CWF) at Enter Menu Selection prompt
  - On Beneficiary/CWF screen, type beneficiary's:
    - Medicare number
    - Last name and first initial
    - Sex (gender)
    - Date of birth in MMDDYYYY format
  - Press <Enter> key

CWF: Beneficiary and Benefit Period Information (MAP1751)

```
MAP1751                NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 09/04/18

MXG9282    SC                ELIGIBILITY DETAIL INQUIRY          C2018400 13:50:25


MID XXXXXXXXX       CURR XREF HIC                    PREV XREF HIC 000000000000

TRANSFER HIC 000000000000        C-IND 9     LTR DAYS

LN XXXXXX                   FN X                  MI X   SEX M

DOB XXXXXXX   DOD

ADDRESS: 1   123 ANYWHERE AVE                  2 SYRACUSE NY

         3                                     4

         5                                     6

    ZIP:    132000000



                     CURRENT  ENTITLEMENT

PART A EFF DT 060111   TERM DT          PART B EFF DT 060111   TERM DT


 CURRENT                 BENEFIT  PERIOD  DATA

FRST BILL DT           LST BILL DT          HSP FULL DAYS      HSP PART DAYS

SNF FULL DAYS      SNF PART DAYS      INP DED REMAIN          BLD DED PNTS


                        PSYCHIATRIC

PSY DAYS REMAIN       PRE PHY DAYS USED       PSY DIS DT         INTRM DT IND


      PROCESS COMPLETED   ---    PLEASE CONTINUE
         PRESS PF3-EXIT   PF8-NEXT PAGE
```

FISS DDE/CWF Resources

- NGS website
  - *FISS DDE Provider Online Guide*
- Medicare University CBTs
  - Medicare University website

Avoiding Eligibility Claim Errors

Submit Your Claims Correctly the First Time!

- Verify all information before preparing claim
  - Is beneficiary entitled to Medicare coverage?
  - Is beneficiary's identifying information reported accurately?
  - Does beneficiary have Part A? Part B?
  - Did beneficiary elect hospice?
  - Is beneficiary in a home health episode?
  - Does beneficiary have MAO plan coverage?
  - Does beneficiary have insurance primary to Medicare (MSP)?

Is Beneficiary Entitled to Medicare Coverage?

- Medicare will not reimburse claims for non-Medicare patients!
  - Verify eligibility using self-service tools
  - Enter beneficiary's identifying information (HIC, Name, DOB)

- Common error – RTP T5052
  - If patient not found in Medicare records – do not submit claim to Medicare
    - Verify information with patient
    - Discuss other payment options

Is Beneficiary's Identifying Information Reported Accurately?

- Beneficiary's Medicare number, name on claim must match Medicare records
  - Verify spelling of beneficiary's first and last name, identify updates to Medicare number using self-service tools

- Common error – RTP N5052
  - For changes to Medicare record, have beneficiary contact 1-800-Medicare or local Social Security office
    - Update internal records as necessary

Is Beneficiary Enrolled in Part A and/or B?

- Beneficiary must have effective coverage for services to be considered for payment
  - Part A coverage for inpatient
  - Part B coverage for outpatient
- Verify claim's DOS fall within beneficiary's Medicare Part A or Part B enrolled dates using self-service tools
- Common errors – rejections U5200, U5220, U5210
  - If DOS fall outside enrolled dates, do not send claim to Medicare
    - Discuss other payment options

Is Beneficiary Enrolled in Hospice?

- Hospice takes place of traditional Medicare for services related to terminal illness
  - Verify hospice enrollment dates using self-service tools

- Common error – rejection C7010
  - If DOS falls within hospice enrollment dates, determine whether services related to terminal illness
    - If yes, do not send claim to Medicare
      - Instead submit claim to hospice agency
    - If no, send claim to Medicare reporting CC 07

Is Beneficiary in Home Health Episode?

- Home health benefit covers services provided in beneficiary's home/residence
  - Verify home health episode dates using self-service tools
  - If claim's DOS falls within home health episode dates, do not submit claim to Medicare
    - HHA responsible for claim
      - Instead submit claim to HHA

Does Beneficiary Have MAO Plan Coverage?

- Replaces traditional Medicare coverage
  - Offered by private companies approved by Medicare, and can be set up in different ways (MAO/HMO)
  - Traditional Medicare not secondary or supplemental
  - MLN Booklet: *Original Medicare vs. Medicare Advantage* (MLN8659122)

- Verify MAO enrollment dates using self-service tools

- Research plan contact information using MA Plan Directory

Medicare Advantage Plan Directory

Legal Entity Name	Organization Marketing Name	Contract Number	Organization Type	Plan Type	Contract Effective Date	Tax Status	Parent Organization	CMS Region Responsible	Enrollment	Legal Stree
A&D CHARITABLE FOUNDATION, INC.	Great Lakes PACE	H9185	National PACE	National PACE	05/01/2015	Not-for-Profit/Non-Profit	A&D Charitable Foundation, Inc.	Chicago	181	3378 F Square
ABSOLUTE TOTAL CARE, INC.	Wellcare Prime by Absolute Total Care	H1723	Demo	Medicare-Medicaid Plan HMO/HMOPOS	02/01/2015	For Profit	Centene Corporation	Atlanta	2708	7700 F
AETNA BETTER HEALTH INC. (GA)	Aetna Medicare	H3146	Local CCP	HMO/HMOPOS	01/01/2020	For Profit	CVS Health Corporation	Philadelphia	62871	2000 F Parkw
AETNA BETTER HEALTH INC. (NJ)	Aetna Better Health of New Jersey	H6399	Local CCP	HMO/HMOPOS	01/01/2021	For Profit	CVS Health Corporation	Philadelphia	6913	3 Inde Way, S
AETNA BETTER HEALTH INC. (OH)	Aetna Better Health of Ohio, MyCare Ohio	H7172	Demo	Medicare-Medicaid Plan HMO/HMOPOS	05/01/2014	For Profit	CVS Health Corporation	Chicago	13759	7400 V Rd
AETNA BETTER HEALTH OF CALIFORNIA INC.	Aetna Medicare	H4982	Local CCP	HMO/HMOPOS	01/01/2020	For Profit	CVS Health Corporation	Philadelphia	25071	9350 V Suite 2
AETNA BETTER HEALTH OF KANSAS INC.	Aetna Medicare	H8332	Local CCP	HMO/HMOPOS	01/01/2021	For Profit	CVS Health Corporation	Philadelphia	14483	9401 I Pkwy
AETNA BETTER HEALTH OF MICHIGAN INC.	Aetna Medicare	H2056	Local CCP	HMO/HMOPOS	01/01/2020	For Profit	CVS Health Corporation	Philadelphia	14209	28588 Northw Hwy, S
				Medicare-Medicaid						28588

MA_Contract_directory

Verify MAO/HMO Option Code

- Make sure you verify MAO/HMO option code
  - If DOS fall within MAO (option code 1) enrollment, submit all claims to traditional Medicare for payment
- Common error – rejection U5233
  - If DOS fall within MAO (option code C) enrollment
  - Do not send claim to Medicare
    - Send claim to HMO using HMO ID
    - When required for information-only claim or IME payment, submit claim to Medicare after MAO processes claim

Does Beneficiary Have Insurance Primary to Medicare?

- [Medicare Secondary Payer](#)
  - Beneficiary has other coverage primary to Medicare based on federal laws known as MSP Provisions
  - Each MSP provision has specific criteria
    - All criteria must be met for provision to apply
  - Medicare pays secondary in certain situations
    - Some provisions apply to all claims for beneficiary
    - Some provisions only apply to claims when specific circumstances exist
    - GHP and Non-GHP Provisions

Verifying MSP and Claim Submission

- Providers required to determine if Medicare primary or not
  - MSP screening process
  - Verify other active insurance coverage using self-service tools

- Common errors - rejections for 34538 & 34540
  - If all criteria under MSP provision met, bill other primary payer(s) first
  - Submit MSP claims when applicable or conditional claims when appropriate
  - If submitted primary claim and it rejected for MSP, must adjust it to change it to MSP or to Medicare primary
    - Refer to [Correct or Adjust a Claim Due to an MSP-Related Issue](#)

MSP Record Needs Updating?

- Medicare primary claims will not process correctly for payment until MSP record updated
  - Have beneficiary contact BCRC to update MSP record
  - After record updated, submit Medicare primary claim to us
- Retirement
  - Report on claim OC 18 for beneficiary's or OC 19 for spouse's date of retirement to automatically update MSP record

Session Summary

- Utilize resources and self-service options available to you to ensure claims submitted correctly the first time

- Remember, PCC staff are prohibited from providing beneficiary eligibility information and claim status!

- Keep on top of your RTPs and rejections to correct and resubmit (as appropriate) within timely filing limit

Stay In the Know!

Listen To Our Part A Podcast
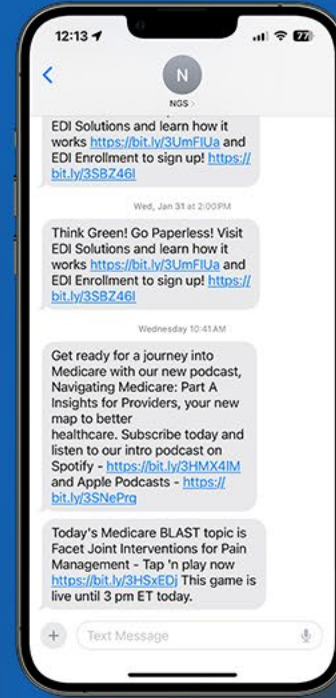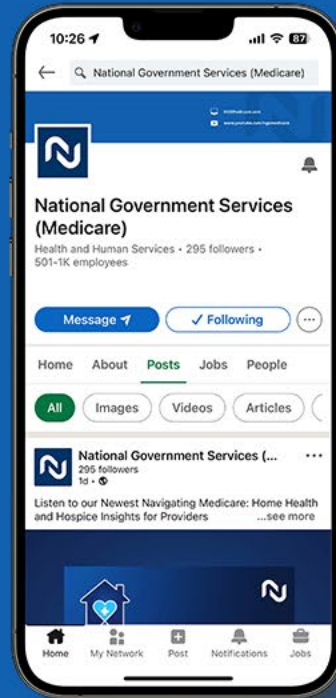

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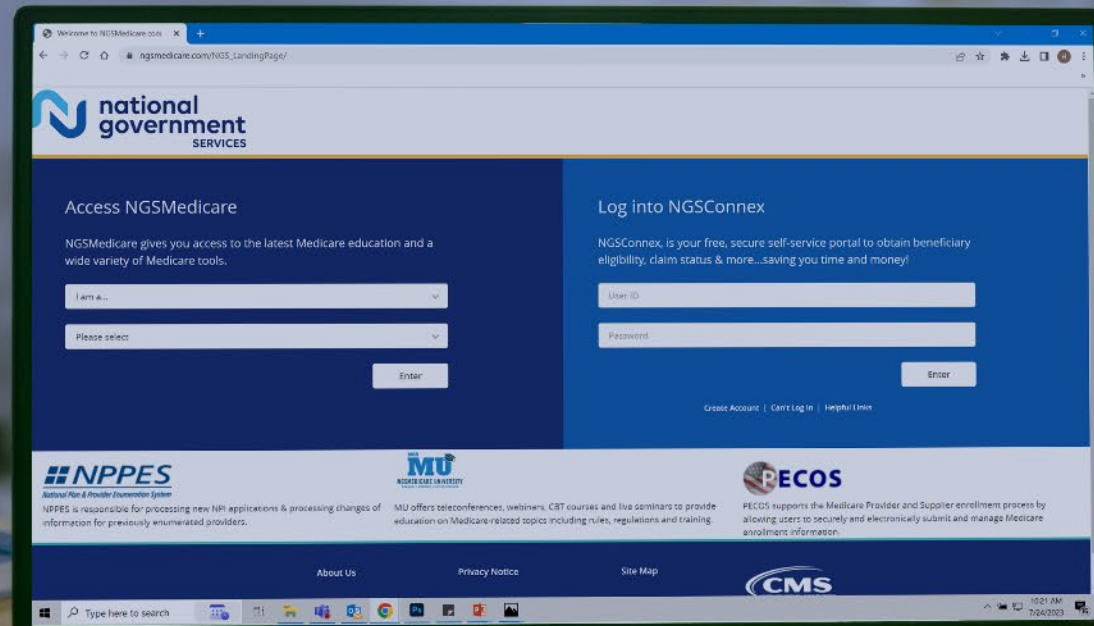
www.NGSMedicare.com
Online resources, event calendar, LCD/NCD, and tools

IVR System
The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries

NGSConnex
Web portal for claim information

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Questions?

Thank you!