



Checking Eligibility in Novitasphere

The Eligibility feature in Novitasphere interfaces directly with the CMS HIPAA Eligibility Transaction System (HETS) to pull back patient information.

To check eligibility, enter:

- Beneficiary First Name*
- Beneficiary Last Name*
- Suffix
- Medicare Beneficiary ID*
- Date of Birth
- National Provider Identifier (NPI)*
- Date(s) of Service*
- Types of Data

* indicates a required field by HETS to obtain information.

To protect the privacy of beneficiary data, the subscriber first name, last name and Medicare Beneficiary ID must match the beneficiary's data maintained by Medicare and is located on the beneficiary's Medicare card; otherwise eligibility data will not populate.

Once submitted, the benefit and eligibility tabs will appear as shown below.

- The tabs that are blue contain information relevant to the beneficiary.
- The tabs that are greyed out indicate that no information was available from HETS for the beneficiary.

Details for each tab are on page 2. You may create a printable PDF that displays all blue tab response information by clicking the PDF icon on the right.


Benefit Eligibility Details

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To obtain eligibility, you must enter the information as found on the beneficiary's current Medicare card. To protect the privacy of beneficiary data, the subscriber first name, last name and medicare beneficiary id must match the beneficiary's data maintained by Medicare; otherwise, eligibility data will not be returned.

Note: * Indicates a required field. Dates may be entered as MMDDYY or MMDDYYYY. Forward slashes will be populated automatically.

First Name*	<input type="text"/>	Last Name*	<input type="text"/>
Suffix	<input type="text"/>	Medicare Beneficiary ID*	<input type="text"/>
Date of Birth(MM/DD/YYYY)	<input type="text"/>	NPI*	<input type="text"/>
Date(s) of Service*	<input type="text" value="03/22/2018"/> TO <input type="text" value="03/22/2018"/>	Types of Data	<input type="text" value="All"/>



INQUIRY BENEFICIARY **ELIGIBILITY** DEDUCTIBLE MAP MSP HOSPICE/HOME HEALTH PREVENTIVE INPATIENT QMB

Tab Name	Content
Inquiry	The query information entered by the user will be displayed.
Beneficiary	<ul style="list-style-type: none"> • First name • Last name • Middle name • Address • Date of Birth • Patient Medicare Number • Date of Death • Date of service range as entered in the query
Eligibility	<ul style="list-style-type: none"> • Part A Eligibility Effective and Termination Dates • Part B Eligibility Effective and Termination Dates • Inactive periods • End Stage Rental Disease (ESRD) Dates
Deductible	<ul style="list-style-type: none"> • Current Year Part A and B Remaining deductible • Blood Deductible • PT/OT and Speech Amounts used for the current year • Rehabilitation Session information
MAP (Medicare Advantage Plan)	<p>Tab shows Medicare Advantage Plan information for the beneficiary</p> <ul style="list-style-type: none"> • Name of the beneficiary's insurance • Contractor number, plan number, and plan name • Plan type • MCO Bill Opt Code • Effective and Termination Dates for the MAP plan • Address and telephone (if available) for the plan
MSP (Medicare Secondary Payer)	<p>Tab shows Medicare as Secondary Payer information for the beneficiary</p> <ul style="list-style-type: none"> • Type Code for why Medicare is secondary • Effective and Termination dates for the primary insurance • MSP diagnosis codes • Policy Number • Insurer's name and address
Hospice/Home Health	<ul style="list-style-type: none"> • Home Health Certification HCPCS codes and recertification date • Home Health Care start and end dates, earliest and latest billing dates, provider number and Medicare contractor name and number. • Total number of Hospice occurrences • Hospice effective and termination dates, provider number, and revocation code.
Preventative Services	<ul style="list-style-type: none"> • Smoking cessation sessions remaining, base sessions, and initial session date • Medicare Diabetes Prevention Program (MDPP) procedure code usage • Deductible/coinsurance • Preventive procedure codes, Technical and Professional dates • Amount applied to deductible and amount of deductible remaining for the year • Coinsurance amount remaining for the year
Inpatient	<ul style="list-style-type: none"> • Part A Hospital Stay <ul style="list-style-type: none"> ○ Date of earliest/latest billing activity for spell of illness ○ The full Hospital stay begin and end dates. • Part A Hospital Data <ul style="list-style-type: none"> ○ Spell Information ○ Lifetime Reserve Days • Skilled Nursing Facility Spell Information <ul style="list-style-type: none"> ○ Date of earliest/latest billing activity for spell of illness ○ Full SNF inpatient days remaining in the spell ○ The SNF inpatient co-payment days remaining ○ Amount of inpatient co-payment ○ If no information populates in the SNF spell fields, the beneficiary has all full and co SNF days available for the dates entered. • Lifetime Psychiatric Base days • Lifetime Psychiatric Remaining days

QMB (Qualified Medicare Beneficiary)	<ul style="list-style-type: none">• QMB Medicaid Enrollment effective date, termination date, and plan type.• QMB Deductible – This field will always display 0 for a Qualified Medicare Beneficiary• QMB Inpatient Spell• QMB Hospital Information• QMB SNF Information
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