

A Guide to an Eligibility Response

An electronic Eligibility response transaction can contain a large amount of information. This information may vary by payer or based on the information contained on the request, however in general the information can be grouped into some general categories. These categories are outlined in the table below. Also, a sample screen shot of an Eligibility Response transaction as viewed via the NEHEN Express application is provided for reference. NEHEN Express displays the contents of the eligibility response transaction as received from the payer, however in a user friendly format. NOTE: Not all response screens contain the information outlined in this example, some have more and some have less, however this example is intended to provide an overview which is applicable to other response screens.

The page contains multiple sections when eligibility information is returned. The following is a list of the common sections under the Eligibility Response page:

- Eligibility Status
- Health Plan name and Date of Service
- Patient - name, address, phone number, gender, member ID and coverage Information
- Payer information
- Primary Care Provider -name, address, telephone, provider NPI, risk group, plan description and messages.
- Benefit Information
 - Copay, Deductible, Limitations, Stop-Loss, etc
 - Additional Information - additional payer and restricted messages

Section:	Contents:
(1) Eligibility Status	<ul style="list-style-type: none"> • Active or Inactive Coverage
(2) Health Plan name and Date of Service	<ul style="list-style-type: none"> • Payer Name • Date of Service and Service Type from the Inquiry • Verified On Date and Time
(3) Patient Information	<ul style="list-style-type: none"> • Subscriber & Dependent Demographics, if applicable • Member ID • Complete Name • Date of Birth • Gender • Address • Relationship to Subscriber • Additional Information: Case Number, Family Unit Number, Patient Account Number, ID Card Serial Number, HIC Number, ID Card Number, Issue Number, Prior ID Number, Social Security Number
(4) Payer Information	<ul style="list-style-type: none"> • Plan Name & Enrollment Dates • Group Name and/or Number • Contact Informaiton
(5) Primary Care Provider (PCP)	<ul style="list-style-type: none"> • Name, NPI and Address of Patient's Primary Care Physician
(6) Benefit Information	<ul style="list-style-type: none"> • Co-Pay and Co-Insurance amounts by Service Type • Deductibles and/or Visit Limitation Information • Exclusions • Limitations • Out of Pocket (Stop Loss) • Non-Covered Services • Other or Additional Payer Name, Member ID and Contact Information • Payer Messages

NEHEN Express Eligibility Response Details - Example

The screenshot shows the NEHEN Express Eligibility Response interface. The page title is "Eligibility Response" and the result is "Active Coverage". The patient's name is "Dr. Test". The page is divided into several sections: Patient Information, Payer Information, Primary Care Provider, and Limitations Information. There are also tables for Additional/Alternate Payer Information and Benefit Description. Numbered callouts 1 through 6 highlight specific areas of the page.

1 Result: Active Coverage

2 Selected NPI: Dr. Test

3 Patient Information

4 Payer Information

5 Primary Care Provider

6 Limitations Information

Coverage	Service Type	Quantity	Quantity Qualifier	Delivery Information	Amount	Time Period	Message	Message2	Auth or Cert	In Plan Network
		0			0		MEMBER ELIGIBLE FOR MEDICARE PART D. FOR MEMBER ENROLLMENT STATUS OR OTHER INFORMATION CALL 1-800-MEDICARE (1-800-633-4227).			
		0			0		MEMBER IS ALSO ELIGIBLE FOR HSN SECONDARY. SEE 114.6 CMR 13.00 FOR INFO ON HSN REQS.			
		0			0		HSN MEDICAL AND PHARMACY COPAYS MAY BE APPLICABLE. FPL IS 112.8			
		0			0		EXEMPT FROM COPAY ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(D).			
		0			0		EXEMPT FROM COPAY ON PHARMACY SERVICES UNDER 130 CMR 450.130(D).			

Coverage/Insurance	Service Type	Payer Name	Member ID	Dates	Address	Contact Info	Insurance Type
EVERCARE		EVERCARE (35155)	020407661 (EVERCARE)		PO BOX 659777 SAN ANTONIO, TX 78265-9777		
		Payer Type	Group Number/Name	Plan Number/Name	HIC Number/Name	EIN Number/Name	Message

Coverage/Insurance	Service Type	Payer Name	Member ID	Dates	Address	Contact Info	Insurance Type
MEDICARE PART B		MEDICARE B CLAIMS (03500)	020407661A (MEDICARE B CLAIMS)				Medicare Part B
		Payer Type	Group Number/Name	Plan Number/Name	HIC Number/Name	EIN Number/Name	Message

Coverage/Insurance	Service Type	Plan Description	Date Type	Date	HCPCS Code	HCPCS Modifier	Message	Message2
	MR/CAT	Scan					RADIOLOGY CLINICAL REVIEW REQUIRED 866-745-1783 OR WWW.AMERICANIMAGING.NET	

Benefit Type	Coverage	Service Type	Amount (\$)	Time Period	Date Type	Date	Message	Message2	Auth or Cert	In Plan Network
Benefit Disclaimer			0.00				UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.			