Eligibility - Lessons Learned & Best Practices

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Payer Lessons Learned

Using NEHEN technology, providers get eligibility information directly from payer systems. Therefore, there are slight differences among payers. Differences will be noted in this section as well as other information that will help you understand and use a payer's response. Providers should review the 270/271 Companion Guides available at payer web sites for additional payer-specific information.

All Payers

Patient Search: Most payers perform only one search per inquiry. For example, if the Member ID is provided and the search fails, the system does not search again using name and other identifying data. In general, providers should remove the Member ID/Policy number to search on name. Exceptions to this are noted in the payer-specific sections below.

Date of Service: Most payers allow you to check eligibility for a date of service in the past or in the future. Eligibility information for future dates of service is subject to change and therefore less reliable. MassHealth/Medicaid and Medicare will not accept a future date of service in an eligibility check. When a date range for dates of service is submitted, the payers generally use the first date of service provided.

Availability: Most payers keep their eligibility service up 24/7. There are some scheduled downtimes. Inform users of the procedure to be followed when electronic eligibility is unavailable.

If you are able to submit batches of eligibility inquiries, it is usually best to schedule them for times outside of normal business hours. Please notify the payers of your plans and ask for the best time to schedule a batch. Payer contact information is included in the back of this document.

Responses: Understand the available responses to the eligibility transaction and how meanings may differ among payers. Information about responses can usually be found in Companion Guides to the 270/271 transaction available at the payer web sites.

- **Unable to Respond** - If you receive this response, it means that the transaction was successfully received but the Payer's system is unavailable. You will have to send another transaction when the Payer is available to receive electronic transactions.

Harvard Pilgrim Health Care

Date of Service: Harvard Pilgrim validates eligibility for future and past (up to 13 months) dates of service.

Helpful Hints:

- Member and provider information submitted on an eligibility inquiry does not update the member and provider information stored in Harvard Pilgrim's claim processing system. If the member is found and eligible, Harvard Pilgrim will return the member and provider information that is stored in the Harvard Pilgrim claim processing system.

- If more than one member meets the search criteria, Harvard Pilgrim follows HIPAA recommendations for privacy and security and returns a "member not found" message instead of multiple records.

Neighborhood Health Plan

Date of Service: Neighborhood Health Plan does not allow eligibility checks on dates of service in the future. If you submit a future DOS you will get an error "Date of Service in Future" response. You may submit a past DOS.

Network Health

Date of Service: Network Health does not allow eligibility checks on dates of service in the future. If you submit a future DOS you will get an error "Date of Service in Future" response. You may submit a past DOS.

Tufts Health Plan

Date of Service: Tufts Health Plan will accept eligibility inquiries on any past date of service provided. Tufts Health Plan will accept future dates of service up to 90 days from the transaction date. Beyond the 90 days Tufts HP will reject the transaction for "Date of Service in Future".

Responses: PCP Information – If no PCP information exists, the following messages will appear:

- HMO, POS, EPO Members – "No PCP Selected"
- PPO Members – "No PCP required"

MassHealth (Medicaid)

Date of Service: MassHealth (Medicaid) does not allow eligibility checks on dates of service in the future. If you submit a future DOS you will get an error "Date of Service in Future" response. You may submit a past DOS up to 4 years in the past. A DOS greater than 4 years in the past will give the error response "Date of Service Not Within Allowable Limits".

Helpful Hints: MassHealth (Medicaid) will provide you with the name of replacement insurers such as NHP or Network Health. Be sure to recheck eligibility with the other insurer to get correct member id, PCP, etc.

Medicare

Date of Service: Medicare will not accept a future date of service in an eligibility check.

Helpful Hints: Medicare provides users with the name of replacement insurers such as HPHC's First Seniority, and THP's Secure Horizons. Be sure to recheck eligibility with other insurer to get correct member id, PCP, etc.

Aetna

Date of Service: Aetna will accept eligibility inquiries on past dates of service within 6 months of the transaction date. Aetna will accept future dates of service up to 30 days from the transaction date.

Helpful Hints: If the patient is a dependent, Aetna return Subscriber demographic information in addition to the patient information.

Cigna

Date of Service: Cigna will accept eligibility inquiries on past dates of service within 6 months of the transaction date. Cigna will accept future dates of service up to 30 from the transaction date.

Helpful Hints: Following Cigna's interpretation of the HIPAA requirements, all dependent inquiries must contain the following information:

> Subscriber Policy Number, Subscriber Last Name, Patient Last Name, Patient First Name, Patient Date of Birth, Patient's Relationship to the Subscriber.

If this information is not present for a dependent inquiry, Cigna will return a "Patient Not Found" response. A dependent Cigna patient policy number contains 11 digits; a subscriber policy number contains 9 digits. Therefore, for all Cigna patients that have an 11-digit policy number, the inquiry must contain a subscriber and dependent loop with all of the aforementioned data elements present.

If the patient is a dependent, Cigna may return Subscriber demographic information in addition to the patient information.

Provider Best Practices

NEHEN Members have been using the 270/271 EDI transaction to check eligibility since 1998. This section contains helpful hints and lessons learned from the experience of NEHEN Providers and NEHEN Program Management.

Plan for Unscheduled Downtime

NEHEN Payers are available for eligibility verification 7 days a week and nearly 24 hours a day. On occasion there is a problem in the network that causes a delay in the eligibility response or an "Unable to Respond" response. The problems can occur in the payer's system, the network connection between the payer and provider, the provider's core system or the e-Gateway.

Registrars and other end users should have a process for scheduled and unscheduled downtime. They may use the phone, the Internet or identify patients that should be verified later when the systems are available.

NEHEN Queues Transactions

The NEHEN e-Gateway routes transactions between payers and providers. It maintains a queue of requests to each payer and processes the transactions based on when they were received in the queue. Most of the time, the end user is unaware of the queue because responses are returned within seconds of the inquiry.

Occasionally, the queue backs up due to a payer's gateway being down or another technical issue. If the NEHEN e-Gateway is unable to deliver the transaction, it holds the transaction in the queue and checks constantly to see if it is able to deliver the transactions. Once the payer can receive the transactions and generate a response, the queued transactions are sent and the queue is cleared.

The end user only knows that no response has been received. Re-sending the transaction adds additional transactions to the queue and will delay the time that it takes to return to normal operation.

End users should follow their organizations procedure for contacting the on-site NEHEN Administrator to notify him/her of possible issues.

For cases where the end user receives an "Unable to Respond" response, the NEHEN e-Gateway successfully delivered the transaction and it is not longer in the queue. In this case, the payer has received the transaction but the back-end process that processes the transaction may be unavailable as is the case when Medicare is down. The end user must therefore resend the transaction when the payer system is available.

If end users receive the "Unable to Respond" transaction outside of the known payer downtime, they should contact he on-site NEHEN Administrator.

Patient Not Found – When to keep trying

In addition to reviewing data when an eligibility response is successfully returned, registrars should be trained to double check information on the inquiry when the first response results in "Patient Not Found". Train the registrars to double check the Member ID, to remove the ID and do a name search, check spelling of the last name and date of birth.

Often Patient Accounts Analysts know all the options for discovering a patient's eligibility and are excellent resources to the people training the Patient Access staff.

Understand how your system is programmed

It is important that someone in your organization understand how your core system has been programmed to send an eligibility inquiry and receive a response. You may have to train end users to account for the variations in payer requirements/responses if your system is not programmed to take into consideration these variations. Some questions to consider include:

- Does it do a Member Id search first? A name search automatically?
- Does eligibility response information update the registration information?
- If you update information for the visit does is update the permanent record?
- Is the patient always the subscriber in the Eligibility Search?
- How does your system create the 270?

Use your claim results to measure how well the Eligibility processes are working

Have you implemented on-line eligibility yet still experiencing large numbers of rejections for invalid Member id/date of birth/invalid name?

Do you have denials for no referral or not your patient?

Keep track of the rejections and denials received in order to pinpoint where eligibility processes may be improved.

Communicate your findings

Follow up with departments/areas where improved processes could produce fewer claim rejections and denials.

Share results with NEHEN Members. Inform NEHEN Payers of discrepancies or issues and remember to keep NEHEN Program Management in the loop.

Claims of Discrepancies of data

Sometime providers claim they get a different response if they use a payer web site vs. their NEHEN connected system. If you encounter a discrepancy between systems, print the screens from each system and highlight the inconsistent data. Document the problem and contact your NEHEN Administrator, NEHEN Technical Support and the Payer Technical Support.

Revenue Cycle e-Transaction Specialist

There are many details to learn in order for organizations to use their NEHEN and other e-transactions effectively. We recommend making it someone's job to understand the business processes and rules surrounding the e-transactions such as eligibility verification and also understand enough of the technical requirements to make recommendations to the organization.

The Revenue Cycle e-Transaction Specialist would have the following responsibilities:

- **Educate:** Train others on the options and best practices for utilizing the electronic transactions.

- **Automate**: Use knowledge of the e-transaction technology, options and best practices to automate existing business processes or design new processes to improve results.

- **Evaluate**: Review the results of existing business processes and make recommendations for improvement.

- **Communicate**: Assist members of the organization by being the aggregator of lessons learned and best practices. Communicate information internally and externally to payers and NEHEN Members.

CSC's Role as the common NEHEN Program Manager
CSC is the coordinator and facilitator for NEHEN, in particular:

- Creating strategy & direction
- Organizing and supporting participant meetings and discussions
- Developing and piloting core technologies
- Coordinating implementation plans
- Resolving implementation issues
- Recruiting new members
- Providing impetus and momentum - keeping the ball rolling

As Program Manager, CSC provides support and guidance to Managers in carrying-out and implementing NEHEN's goals and priorities. CSC is also the Technical Architect responsible for the design, implementation and the technical support of NEHEN's core technologies.

About CSC
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With the broadest range of capabilities, CSC offers clients the solutions they need to manage complexity, focus on core businesses, collaborate with partners and clients, and improve operations.

CSC makes a special point of understanding its clients and provides experts with real-world experience to work with them. CSC is vendor-independent, delivering solutions that best meet each client's unique requirements.

For more than 40 years, clients in industries and governments worldwide have trusted CSC with their business process and information systems outsourcing, systems integration and consulting needs.

The company trades on the New York Stock Exchange under the symbol "CSC."

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