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
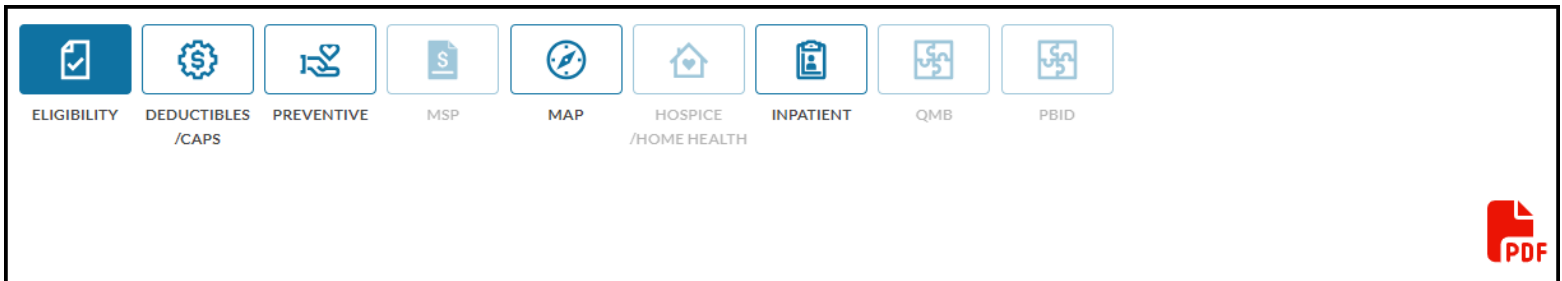- Medicare Beneficiary ID or Date of Birth*
- Date(s) of Service*

* 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 Eligibility submenu icons tabs will appear as shown below.

- Active icons contain information relevant to the beneficiary.
- Inactive icons indicate that no information was available from HETS for the beneficiary.

The PDF icon will create a printable file that displays all available information.

Tab Name	Content
Eligibility	- End Stage Rental Disease (ESRD) Dates - Acupuncture Benefits - Part A and B Eligibility Effective and Termination Dates - Inactive Periods - MDPP Eligibility - Inactive MDPP Periods
Deductible/Caps	- Current Year Part A and B base amount and remaining deductible - Free Services - Part B Plan Coinsurance and Coinsurance Free - Blood Deductible units remaining - Outpatient Mental Coinsurance - Therapy Cap used amount - Rehabilitation Session information

Tab Name	Content
Preventative Services	• Smoking cessation sessions remaining, base sessions, and initial session date • Preventive services procedure codes, Technical and Professional dates • Medicare Diabetes Prevention Program (MDPP) with no prior usage • MDPP with prior usage • Services with prior usage • PPV with no prior usage • COVID-19 Immunization • Influenza (Flu) Vaccination • Cognitive services
MSP (Medicare Secondary Payer)	• 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
MAP (Medicare Advantage Plan)	• 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
Hospice/Home Health	• 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. • Hospice effective and termination dates, provider number, and revocation code.

Inpatient	• Hospital Information
	    o Date of earliest/latest billing activity
	    o Co-payment information
	    o Lifetime Reserve Days
	• Hospital Stay
	    o Date of earliest/latest billing activity for spell of illness
	    o The full Hospital stay begin and end dates.
	• Skilled Nursing Facility (SNF) Information
	    o Date of earliest/latest billing activity for spell of illness
	    o Full days remaining in the spell
	    o SNF co-payment days remaining and amount
	    o If no information populates in the SNF spell fields, the beneficiary has all full and co SNF days available for the dates entered.
	• SNF Stay
	• Psychiatric Information
	    o Lifetime Base days
	    o Lifetime Psychiatric Remaining days

QMB (Qualified Medicare Beneficiary)	• 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
PBID (Part B Immunosuppressant Drug)	• PBID Effective and termination date