

**Overview:** In order to conduct an eligibility for a non-traditional Medicare patient meaning a patient that has private insurance, commercial insurance, Medicaid, workers comp, waivers, VA, etc.

**Steps 1:** Call the insurance company and ask if the patient is Eligible for home health service and if their policy is effective

**Step 2:** Find out what type of insurance this is:

Is it a Medicare advantage/HMO?- If yes then you must follow Medicare guidelines

Is this a straight commercial insurance or any insurance not related to Medicare? – If yes then you do not have to follow Medicare guidelines

**Step 3:** As the insurance does the patient policy have out of network benefits?

Note: This is really important if you get a referral from dr office or hospital that is blue cross, UHC, Anthem, etc you don't want to say no because you are not contracted. A lot of agencies don't accept patients if they are not contracted. You shouldn't do that. You may be able to provide services to the patient.

You should do eligibility first.

**If yes,** (they have out of network benefits) great you can go on to next step

Ask the rep for a fax number so you can fax them your w9 IRS form. You only have to do this if you have never bill before. They need to have you on file or you will not be paid.

**If no,** (they do not have out of network benefits) than you cannot accept the patient have them transfer you to the enrollment dept. and see if you can get contract or single case agreement.

Note: About 80% MCR advantage plans do not require you to be in network so there is good chance you will be able to accept these patients.

**Step 4:** Ask if authorizations are required?

**If no-** great, move on to next step

**If yes-** you need to go through process to get authorizations before seeing the patient

Note: ABOUT 70% of MCR advantage does not need authorization.

**Step 5:** Ask what are the patient deductibles and have they been met?

Ask if there are any c-pays or other patient responsibilities?



## INSURANCE ELIGIBILITY INSTRUCTIONS

NOTE any portion of the patient deductible that hasn't been met will be deducted from your claim.

You will need to notify the patient on the consent forms of what the deductibles are, the patient has to be aware of what he/she's financial responsibilities for before they decide to go with you agency.

If you are going to collect the deductible you should try to get a credit card up front or a check otherwise it will be difficult to collect the deductibles after services are over.

A lot of agencies decide not to collect deductible or copay as long as it's reasonable. It's agency discretion.

**We have included on next page a form that has all of these questions above that can be used when calling an insurance company to perform an eligibility.**



INSURANCE ELIGIBILITY INSTRUCTIONS

PATIENT NAME: \_\_\_\_\_
DOB: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ Tel \_\_\_\_\_
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
INSURANCECO: \_\_\_\_\_ STATE: \_\_\_\_\_
INS. PHONE#: \_\_\_\_\_
ID#: \_\_\_\_\_

INS. BILLING

ADDRESS: \_\_\_\_\_
PAYER ID: \_\_\_\_\_ (FOR ELECTRONIC CLAIM SUBMISSIONS)
Is insurance SELF OR other insured; if other then, what is relationship to patient? \_\_\_\_\_
What is the policy holders ID# \_\_\_\_\_
Effective date of coverage: \_\_\_\_\_ Termination date: \_\_\_\_\_
----IN or OUT of Network Benefits ----Homebound Status: YES or NO or N/A
----Is a face to face required YES or NO -
----How do we bill you? Episodic, Medicare-like, PPS YES or NO

IS THIS AN ADVANTAGE PLAN OR STARIGHT COMMERCIAL INSURANCE PLAN?

Cover @ \_\_\_\_\_ % Deductible\$ \_\_\_\_\_ \$ \_\_\_\_\_ MET
Out pocket \$ \_\_\_\_\_ \$ \_\_\_\_\_ MET
Co pay \$ \_\_\_\_\_ (and for therapy?)
Max Benefit (per calendar yr) \$ \_\_\_\_\_ OR \_\_\_\_\_ visits
Has patient used any visits? \_\_\_\_\_
Name of person: \_\_\_\_\_ REF# \_\_\_\_\_
Date: \_\_\_\_\_
Precertification/Authorization required: YES or NO, if yes....
Phone number for Authorization: \_\_\_\_\_ Please transfer me to auths/case management

PROCEDURE CODE OR

CODES: \_\_\_\_\_

Name of person: \_\_\_\_\_ AUTH# \_\_\_\_\_ Date Auth: \_\_\_\_\_ to \_\_\_\_\_
Case Manager name: \_\_\_\_\_ Direct # \_\_\_\_\_
Direct Fax# \_\_\_\_\_

Do you need documentation faxed? YES or NO