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NGS Medicare University
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Medicare Beneficiary Eligibility Checklist

This checklist is most effective when information provided by the patient is compared with the Medicare CWF, HETS, IVR or NGSConnex beneficiary eligibility records.

❑ **Patient's Name:** _____ **Date:** _____

❑ **Patient has a Medicare record. MBI:** _____

If there is no Medicare record for the patient, do not send a claim to Medicare. Discuss alternative payment options. If patient presents a Medicare card, contact SSA or 1-800-Medicare to establish record. Do not send a claim to Medicare until resolved.

❑ **Patient's Medicare record is accurate (spelling of name, DOB) and matches facility's patient record**

If updates to Medicare records are required, contact SSA or 1-800-MEDICARE. Do not send a claim to Medicare until resolved.

❑ **Part A coverage is active (effective date, no termination date). Effective date:** _____

If Part A coverage is not active, do not send a claim to Medicare for services requiring Part A entitlement. Discuss alternative payment options.

❑ **Part B coverage is active (effective date, no termination date). Effective date:** _____

If Part B coverage is not active, do not send a claim to Medicare for services requiring Part B entitlement. Discuss alternative payment options.

❑ **(For inpatient services only) There are full/coinsurance benefit days available in patient's benefit period.**

If no benefit days are available, send a no-payment claim to Medicare. Discuss alternative payment options. ***Note:*** *No-payment claims are not required for inpatient hospitals if the patient does not have Part A.*

❑ **Patient is not enrolled in a Medicare Advantage Organization (MAO) plan**

If Option Code C is indicated in Medicare record, send claim to MAO plan.

- Nonteaching hospitals (except IPFs) and SNFs, submit an inpatient information-only claim to Medicare with condition code 04 after MAO claim completes processing.
- Teaching hospitals billing for indirect medical education payment, submit an inpatient information-only claim to Medicare with condition codes 04 and 69 after MAO claim completes processing.

❑ **Patient has not elected the Hospice benefit**

If patient is within a hospice election period, and services *relate* to patient's hospice designation (terminal illness), do not send a claim to Medicare. Send claim to hospice agency.

If services **do not relate** to patient's hospice designation, send claim to Medicare with condition code 07.

❑ **MSP Questionnaire has been administered; Medicare's MSP records have been verified; Medicare is the primary payer for these services**

Note: *MSP information is available on our website, from the Resources dropdown, select Claims and Appeals > Medicare Secondary Payer*

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