



## Verifying Medicare Eligibility Protocol

### PURPOSE:

To validate that any patient being admitted to hospice in their third (3<sup>rd</sup>) benefit period or later has a face-to-face visit and that Medicare services are billed in the correct benefit period.

### PROTOCOL:

Medicare Eligibility should be checked prior to admission and regularly throughout the course of hospice care. It is recommended that each patient have their hospice Medicare eligibility checked prior to each recertification.

1. Business Office Manager, or designee, will validate Medicare eligibility and prior hospice received via the FISS/DDE system. Detailed directions for verifying Medicare and prior hospice can be found at: [https://www.cgsmedicare.com/hhh/education/materials/pdf/chapter\\_2-checking\\_beneficiary\\_eligibility.pdf](https://www.cgsmedicare.com/hhh/education/materials/pdf/chapter_2-checking_beneficiary_eligibility.pdf) or through the MAC assigned to the hospice program.
2. Patient information will be obtained at the time of referral to include at a minimum:
  - a. HIC (Health Insurance Claim)/MBI number (Medicare Beneficiary Identifier) (only MBI number will be accepted after 1/1/2020)
  - b. First initial of first name
  - c. Last name (if the name is Smith, Jr enter SMITHJR)
  - d. Date of Birth
  - e. Gender
3. If prior hospice election periods are identified, then the BOM will notify the intake team/admissions department to schedule a face-to-face prior to admission.
4. If prior hospice election periods are identified, the BOM will ensure that the medical record and the billing system accurately reflect the proper benefit period and dates of certification/recertification.

Information in this Protocol is based upon CMS direction through CGS website and should be validated annually:

[https://www.cgsmedicare.com/hhh/education/materials/pdf/chapter\\_2-checking\\_beneficiary\\_eligibility.pdf](https://www.cgsmedicare.com/hhh/education/materials/pdf/chapter_2-checking_beneficiary_eligibility.pdf)