

Checking Beneficiary Eligibility



Fiscal Intermediary Standard System Reference Guide

Published by Cahaba Government Benefit Administrators®, LLC (Cahaba GBA)



Checking Beneficiary Eligibility

Medicare Fiscal Intermediary, Cahaba Government Benefits Administrators®, LLC
(Cahaba GBA)

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Checking Beneficiary Eligibility using ELGA/ELGH

Cahaba encourages you to check the beneficiary's Medicare eligibility often. Eligibility should be checked at least prior to admission, monthly and prior to submitting billing transactions for processing. Checking eligibility information allows you to identify critical information such as whether the beneficiary is/has:

- entitled to Medicare Part A, Part B, or both Part A and Part B
- enrolled in a Medicare Advantage (MA) plan
- enrolled with another insurance that is primary over Medicare
- in an open 60-day HH PPS (Home Health Prospective Payment System) episode
- in an open hospice election period
- inpatient or skilled nursing facility (SNF) benefit days available
- met their deductible requirements
- met the therapy cap for the calendar year

Eligibility records, which are maintained for CMS (Centers for Medicare & Medicaid Services) by the Social Security Administration, are stored electronically in the CWF (Common Working File) system. You can access CWF records to view eligibility information via the eligibility screens, ELGA (Part A Eligibility) or ELGH (Home Health and Hospice Eligibility) provided that you have identifying information about your beneficiary.

All provider types may access both ELGA and ELGH; however, hospitals and skilled nursing facilities (SNFs) will typically access ELGA, and home health and hospice providers will typically access ELGH.

Information Necessary to Check Eligibility


You must have the following five pieces of information about the beneficiary to check eligibility:

1. HIC (Health Insurance Claim) Number (also called their Medicare number)
2. First initial of first name
3. Last name
4. Date of birth (MMDDCCYY format)
5. Gender

Prior to accessing ELGA/ELGH, you should verify the information listed above matches the information on the beneficiary's red, white and blue Medicare card.

You must also have your Medicare provider number and Cahaba GBA's intermediary number (see "Accessing ELGA and ELGH" below) to check eligibility.

The following provides information about the ELGA/ELGH eligibility screens.

 - Draws your attention to the **tips**.

 - Draws your attention to **examples**.

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Accessing ELGA and ELGH

1. To access ELGA and ELGH as you sign in to the FISS, type the letters *ELGA* or *ELGH* where you would normally type FSS0 and press ENTER.

elga

SIGN-ON IS COMPLETE;NO INVALID ATTEMPTS;LAST ACCESS 15:58:24 08/15/2007.

To access ELGA or ELGH if you are already in FISS, press F4 at any time to terminate your session. You will see the *Session Successfully Terminated* message on your screen. Type the letters ELGA or ELGH over the word *Session* and press ENTER.

- ① Providers may wish to use the instructions for accessing multiple sessions simultaneously found in the “FISS Overview” section of this resource. By following these instructions you can be signed on to FISS and to ELGA or ELGH at the same time without the need to terminate your session.

SESSION SUCCESSFULLY TERMINATED

elgaION SUCCESSFULLY TERMINATED

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- ① Remember that ELGA and ELGH are not menu options *within* FISS. You must be in the process of signing on or off of FISS in order to access ELGA or ELGH.
- 2. Once you have pressed Enter, the *CWF Part A Eligibility System* screen appears. The fields on the screen will be identical for both the ELGA and ELGH eligibility screens.

ELGA	CWF PART A ELIGIBILITY SYSTEM	ELGASAT1
MM/DD/CCYY HH:MM:SS	INQUIRY BY PROVIDERS	
ENTER THE FOLLOWING FIELDS:		
HIC NUMBER	:	
SURNAME	:	
INITIAL	:	
DATE OF BIRTH	:	(MMDDCCYY)
SEX CODE	:	
REQUESTOR ID	:	
INTER NO	:	
NPI INDICATOR	:	N-NPI or Blank
PROVIDER NO	:	
HOST-ID	:	GL, GW, KS, MA, PA, NE, SE, SO, SW
APP DATE	:	(MMDDCCYY)
REASON CODE	:	1
RESPONSE CODE	:	P


- 3. Follow the instructions in the table below to complete the required fields:

Field Name	What to Enter
HIC NUMBER	The beneficiary's Health Insurance Claim (HIC) number.
SURNAME	The beneficiary's last name (only accepts up to 6 letters).
INITIAL	The first letter of beneficiary's first name.
DATE OF BIRTH	The beneficiary's date of birth in a MMDDCCYY format.
SEX CODE	The beneficiary's gender (M or F).
REQUESTOR ID	The requestor ID number. 0010
INTER NO	The Medicare intermediary number. 00010 .

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Field Name	What to Enter
NPI INDICATOR	The National Provider Indicator (NPI). Determines the type of provider number entered in "PROVIDER NO" field. Leave blank.
PROVIDER NO	Your facility's legacy Medicare provider number (also known as the Provider Transaction Access Number (PTAN) or Oscar).
HOST ID	Usually left blank or insert one of the following. See the table under "Information About the HOST ID Field" below. GL – Great Lakes MA – Mid-Atlantic SE – Southeast GW – Great Western PA – Pacific SO – South KS – Keystone NE – Northeast SW – Southwest
APP DATE	Leave blank or key the date of beneficiary's admission or Medicare Part A or Part B entitlement date. The APP DATE field allows access to prior eligibility information related to: <ul style="list-style-type: none"> • Medicare Secondary Payer (MSP) records • Hospital/SNF stays • Home health prospective payment system (HH PPS) episodes • Part B deductible • Therapy cap Additional information about the APP DATE field can be found under the heading "Information about the APP DATE Field" found later in this section.
REASON CODE	Reason for the inquiry: 1 – Status Inquiry – Default
RESPONSE CODE	Indicates whether the inquiry is an actual test or CWF test inquiry: P – Production – Default

 The example below illustrates how the *CWF Part A Eligibility System* screen looks after the information is completed, but before the Enter key is pressed.

```

ELGA                CWF PART A ELIGIBILITY SYSTEM                ELGASAT1
04/05/2004 08:26:16      INQUIRY BY PROVIDERS
  ENTER THE FOLLOWING FIELDS:
    HIC NUMBER       : 123456789A
    SURNAME          : SMITH
    INITIAL           : J
    DATE OF BIRTH    : 01011931  (MMDDCCYY)
    SEX CODE         : M
    REQUESTOR ID     : 0010
    INTER NO         : 00010
    NPI INDICATOR    :                N-NPI or Blank
    PROVIDER NO      : xxxxxx
    HOST-ID          :                GL, GW, KS, MA, PA, NE, SE, SO, SW
    APP DATE         :                (MMDDCCYY)
    REASON CODE      : 1
    RESPONSE CODE    : P
  
```

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- ❶ If you receive an error message “Provider not on security file”, contact a Customer Service Representative at the appropriate Provider Contact Center and request your security be modified to allow access to ELGA and ELGH. Go to https://www.cahabagba.com/part_a/contact_phone.htm to obtain the telephone number to call.**

Information about the HOST ID Field

The HOST ID field is related to different CWF host sites where beneficiary records are stored. Records are stored based on the location where the beneficiary’s Social Security Number was issued. There are nine host sites as identified in the table shown on the following page.

GL – Great Lakes <ul style="list-style-type: none"> • Illinois • Michigan • Minnesota • Wisconsin 	MA – Mid-Atlantic <ul style="list-style-type: none"> • Indiana • Maryland • Ohio • Virginia • West Virginia 	SE – Southeast (default) <ul style="list-style-type: none"> • Alabama • Kentucky • Mississippi • North Carolina • South Carolina • Tennessee
GW – Great Western <ul style="list-style-type: none"> • Idaho • Iowa • Kansas • Missouri • Montana • Nebraska • North Dakota • Oregon • South Dakota • Utah • Washington • Wyoming 	PA – Pacific <ul style="list-style-type: none"> • Alaska • Arizona • California • Hawaii • Nevada 	SO – South <ul style="list-style-type: none"> • Florida • Georgia
KS – Keystone <ul style="list-style-type: none"> • Delaware • New Jersey • New York • Pennsylvania 	NE – Northeast <ul style="list-style-type: none"> • Connecticut • Maine • Massachusetts • New Hampshire • Rhode Island • Vermont 	SW – Southwest <ul style="list-style-type: none"> • Arkansas • Colorado • Louisiana • New Mexico • Oklahoma • Texas

- ❶ The default HOST ID is always SE.** If the beneficiary’s information cannot be found at the default host site, you may need to look for the beneficiary’s information at another host site by entering a two-character HOST-ID site (e.g., SO). You may need to try each of the different host sites before finding the beneficiary’s information.

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Information about the APP DATE Field

The ELGA and ELGH screens display the most current eligibility information; however, by typing a date in the APP DATE field you can access prior eligibility information related to:

- Medicare Secondary Payer (MSP) records
- Hospital/SNF stays
- Home health prospective payment system (HH PPS) episodes
- Part B deductible
- Therapy cap

To Access Prior:	Action:
MSP Records	<p>Type the beneficiary's date of admission to your facility or the date services were provided by your facility.</p> <p>To access prior MSP records, type the beneficiary's Medicare Part A or Part B effective date in the APP DATE field.</p> <p>If the beneficiary has one or more MSP records, the information will appear beginning on ELGA screen page 09. One additional page will display for each MSP record that exist.</p> <p>ELGH displays limited MSP information on screen page 04.</p>
Hospital/SNF Stay	<p>Type the beneficiary's date of admission to your facility or the date services were provided by your facility.</p> <p>Screen page 01 of ELGA displays the most recent hospital/SNF stay based on the APP DATE entered.</p> <p>For the earliest hospital/SNF stay, type the beneficiary's Medicare Part A or Part B effective date in the APP DATE field. To find if additional hospital/SNF stays occurred, type the date that follows the DOLBA date of the earliest hospital stay in the APP DATE field.</p>

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To Access Prior:	Action:
HH PPS Episodes	<p>Type the beneficiary’s date of admission to your facility or the date services were provided by your facility. In certain instances it may be necessary to enter a date that is one calendar day prior to your date of admission or dates of service.</p> <p>Screen page 03 of ELGH displays the two most recent HH PPS episodes based on the APP DATE entered. Screen page 04 of ELGA displays similar information.</p> <p>To find if prior HH PPS episodes exist, type the date that is prior to the START DATE of the earliest episode listed.</p>
Part B deductible	<p>Type the beneficiary’s date of admission to your facility or the date services were provided by your facility.</p> <p>Screen page 01 of ELGH or ELGA will provide the Part B deductible year and deductible amount remaining based on the APP DATE entered.</p>
Therapy Cap	<p>Type the beneficiary’s date of admission to your facility or the date services were provided by your facility.</p> <p>Screen page 01 of ELGA will provide the therapy cap amount remaining for the year based on the APP DATE entered.</p>

4. Once you have keyed the information on the *CWF Part A Eligibility System* screen, press Enter. The system will indicate that it’s searching for the record.
 - ❗ If the message *BENE-ERROR, BENEFICIARY RECORD NOT FOUND* displays, verify the information that was entered. There may be a data entry error preventing the system from finding the beneficiary’s record. You may also want to enter a specific HOST ID.
 - ❗ If a message appears containing the phrase *TNIF* (True Not in File), the eligibility file is being updated and this update may prevent you from being able to access the eligibility file for a short period of time. Try accessing the file at a later time.
 - ❗ If the message *Following Fields in Error – Correct and Resubmit* displays, not all of the required information is keyed or the information keyed is invalid. The message will also identify which field is in error.

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5. When the information is entered accurately and the record is located at the host site, the first page of the beneficiary's eligibility record will display on your screen.
- ① The eligibility record will have several pages of information. Use your F8 key to move forward through the beneficiary eligibility pages. Use your F7 key to move back.
6. If you want to look up another beneficiary's eligibility information or need to enter an APP DATE, press F1 from any of the CWF inquiry pages, and you will return to the *CWF Part A Eligibility System* screen.
7. When you are finished viewing the record, press F3. You will return to a blank screen. You may type *FSS0* to access FISS. To terminate the session, follow the steps below.
 - a. Type *cesf logoff* and press ENTER.
 - b. The "TPX Menu" screen displays.
 - c. Type '/k' in the 'Command====>' field and press ENTER.
 - d. Press F3 again and then press Enter.
 - d. Close your browser and disconnect from the Cahaba GBA system.

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ELGA/ELGH Screen Examples and Field Descriptions

Field descriptions follow each set of screen examples.

- ① All dates shown on the ELGA/ELGH screens are in MMDDCCYY format unless otherwise noted.

ELGA Screen Page 01—Beneficiary Information (Beneficiary Entitlement, Hospital and SNF Days, Medicare Advantage Plan Information)

ELGA	MM/DD/CCYY	CWF	PART A	ELIGIBILITY SYSTEM				ELGACRO
	HH:MM:SS			BENEFICIARY INFORMATION				PAGE 01 OF 09
IP-REC	CN		NM	IT	DB	SX	INT	
PN		APP		REAS		REQ		
DISP-CODE		MSG						
CORRECT	CN		NM	IT	DB	SX		
A-ENT		A-TRM		B-ENT		B-TRM		
DOD		LRSV		LPSY				
DAYS LEFT	FULL-HOSP	CO-HOSP	FULL-SNF	CO-SNF	IP-DED	DOEBA	DOLBA	
CURRENT								
PARTB YR	DED-TBM		PSYC	PHYS THER	OCC THER			
				TBM	TBM			
FULL-NAME								
PLAN-TYPE			CURR-ID	OPT	ENR	TERM		
ESRD:	CODE-1	EFF DATE	CODE-2	EFF DATE				
PF1=INQ	SCREEN	PF3/CLEAR=END	PF8=NEXT					

ELGA Screen Page 01 Field Descriptions

LINE 1

- IP-REC For intermediary use only.
- CN The beneficiary's Health Insurance Claim (HIC) number as entered on the CWF Part A Eligibility System screen.
- NM The beneficiary's last name as entered on the CWF Part A Eligibility System screen.
- IT The first letter of beneficiary's first name as entered on the CWF Part A Eligibility System screen.
- DB The beneficiary's date of birth as entered on the CWF Part A Eligibility System screen.
- SX The beneficiary's gender as entered on the CWF Part A Eligibility System screen.
- INT The Medicare intermediary number as entered on the CWF Part A Eligibility System screen.

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LINE 2

PN Your facility's Medicare provider number as entered on the CWF Part A Eligibility System screen.

APP The date as entered in the APP DATE field on the CWF Part A Eligibility System screen. If APP DATE field is left blank, this field will be blank.

REAS The reason for this inquiry as entered on the CWF Part A Eligibility System screen. Valid codes:
1 – Status Inquiry (default);
2 – Inquiry relating to an admission.

REQ The requester ID as entered on the CWF Part A Eligibility System screen (0010).

LINE 3

DISP-CODE Disposition Code: (This field only displays when the following codes apply.)
01 – Part A Inquiry approved; beneficiary has never used Part A services
02 – Part A Inquiry approved; beneficiary has had some prior Part A utilization
03 – Part A Inquiry rejected
05 – Applicable service date; DOD
20 – Qualified approval, may require further investigation
25 – Qualified approval. According to CMS's records, this inquiry begins a new benefit period
50 – Not in file
51 – Not in file on CMS Batch System
52 – Master Record housed at another CABLE site
55 – Does not match a Master Record
60 – Input/Output error on Date Base
61 – Cross Reference Data Base Problem

MSG The description of the disposition code (DISP CODE). (This field only displays when one of the DISP-CODEs listed above applies.)

LINE 4

Information in the following fields will only display if the data entered on the CWF Part A Eligibility System screen was incorrect or has been updated. When submitting claims to Medicare, use the information as it appears in these fields to avoid claim submission errors.

CORRECT CN Corrected claim number.

NM Corrected name.

IT Corrected initial.

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DB Corrected date of birth.

SX Corrected sex code.

LINE 5

A-ENT The beneficiary's date of entitlement to Medicare Part A benefits.

A-TRM The beneficiary's date of termination from Medicare Part A benefits.

B-ENT The beneficiary's date of entitlement to Medicare Part B benefits.

B-TRM The beneficiary's date of termination from Medicare Part B benefits.

LINE 6

DOD Date of death of the beneficiary.

LRSV Lifetime Reserve. Number of lifetime reserve days remaining.

LPSY Lifetime Psychiatric. Number of psychiatric days remaining.

LINE 7 THROUGH 8 Line 7 contains the title heading for the information shown in line 8.
Line 8 displays current benefit information.

FULL-HOSP The full hospital inpatient days remaining in the current benefit period.

CO-HOSP The hospital inpatient coinsurance days remaining in the current benefit period.

FULL-SNF The full skilled nursing facility (SNF) days remaining in the current benefit period.

CO-SNF The SNF coinsurance days remaining in the current benefit period.

IP-DED The amount of inpatient deductible remaining to be met.

DOEBA The date of earliest billing action for an inpatient spell of illness in the current benefit period.

DOLBA The date of the latest billing action for an inpatient spell of illness in the current benefit period.

LINE 9

PART B YR Most recent Part B year (CCYYMMDD).

DED-TBM The amount of Part B cash deductible remaining to be met for the year.

PSYC The psychiatric deductible used for the year.

PHYS THER TBM The physical therapy and speech-language pathology (combined) cap amount remaining in the Part B year.

OCC THER TBM The occupational therapy cap amount remaining in the Part B year.

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LINE 10

FULL-NAME The beneficiary's full name as it appears on the Common Working File (CWF) master record. When submitting claims to Medicare, use the full name as it appears in this field to avoid claim submission errors.

LINE 11

PLAN-TYPE This field provides the type of Medicare Advantage plan. Valid values are:

- HMO (Health Maintenance Organization)
- PPO (Preferred Provider Organization)
- FFS Demo (Fee-for-Service Demonstration)
- Indemnity
- POS (Point of Sale)

CURR ID The Medicare Advantage plan (HMO) identification code (5-digits):

1st digit – 'H' or 1-9

2nd and 3rd digit – State Code

4th and 5th digit – Medicare Advantage plan number within the State

OPT The Medicare Advantage plan (Medicare HMO) Option Code. Describes the beneficiary's relationship with the Medicare Advantage plan. Valid codes are:

- 1** – Intermediary processes all (Part A and Part B) provider bills (unrestricted). Submit your claim to the intermediary.
- 2** – HMO processes directly provided services and arranged services. Intermediary processes all others (unrestricted).
- A** – Intermediary processes all (Part A and Part B) provider bills (restricted).
- B** – HMO to processes only bills for directly provided services (restricted); intermediary to process all other bills.
- C** – HMO to process all bills (restricted). Submit your claim to the Medicare Advantage plan (Medicare HMO).

ENR The Medicare Advantage plan (Medicare HMO) enrollment date.

TERM The Medicare Advantage plan (Medicare HMO) termination date.

i If the MA plan listed on this screen impacts your dates of service, we encourage providers to verify this information with the beneficiary. If the MA plan election listed is correct, providers must look to the MA plan for reimbursement and a claim should not be submitted to Cahaba GBA. If the MA plan election is listed in error, a claim should not be submitted until the beneficiary's record has been updated. Providers are also encouraged to use ELGA page 01 and page 02 to determine if the beneficiary has elected hospice **and** has an MA plan, in which case, services are billed as usual to the traditional Medicare contractor.

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Access the following link from the CMS Web site to determine which Medicare Advantage (MA) plan is associated with the identification code and how to contact the plan to submit services for payment, when appropriate.

<http://www.cms.hhs.gov/MCRAAdvPartDENrolData/PDMCPDO/list.asp>

LINE 12

ESRD: – CODE-1	The End Stage Renal Disease (ESRD) method of reimbursement (Method 1 or Method 2).
EFF DATE	The End Stage Renal Disease method of reimbursement effective date.
CODE-2	The End Stage Renal Disease method of reimbursement (Method 1 or Method 2).
EFF DATE	The End Stage Renal Disease method of reimbursement effective date.

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ELGA Screen Page 02—Hospice Information

ELGA	CWF	PART A	ELIGIBILITY SYSTEM	ELGACRO		
MM/DD/CCYY	HH:MM:SS		HOSPICE INFORMATION	PAGE 02 OF 09		
IP-REC	CN	NM	IT	DB	SX	INT
PAP:	PAP DATE:					
IMMUNO/TRANS:	TRANS IND:		DISCHARGE DATE:			
HOSPICE	PERIOD	PERIOD	PERIOD	PERIOD		
START DATE						
TERM DATE						
REVOC IND						
PF1=INQ	SCREEN	PF3/CLEAR=END	PF7=PREV	PF8=NEXT		

ELGA Screen Page 02 Field Descriptions

LINE 1

Line 1 information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

LINE 2

PAP The beneficiary’s Pap Risk indicator. Valid values are:

- H High risk
- L Low risk

PAP DATE The date of the beneficiary’s last PAP smear examination.

LINE 3

IMMUNO/TRANS Line 3 provides immunosuppressive/transplant information.

TRANS IND This identifies whether the beneficiary has received a Medicare covered transplant. Valid codes are:

- 1 Allograft bone marrow – transplant from another person
- 2 Autograft bone marrow – transplant from beneficiary
- B Lung transplant
- H Heart transplant
- I Intestinal transplant
- K Kidney transplant
- L Liver transplant

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DISCHARGE DATE Date of discharge hospital following transplant.

LINE 4 The title heading for information shown in lines 4 through 6 for up to four hospice periods.

HOSPICE PERIOD Indicates the four most recent hospice periods. The most recent appears to the left.

LINE 5 THROUGH 6

START DATE Start date of the hospice period.

TERM DATE Termination date of the hospice period.

REVO IND A revocation indicator of “1” will display for the benefit period when the beneficiary has revoked or been discharged from the hospice benefit.

If a “1” does not appear, the beneficiary is still under the hospice benefit. Any non-hospice claims submitted for services related to the terminal diagnosis will be rejected.

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ELGA Screen Page 03 (Home Health Benefit Periods)

Note: This screen should not be used to determine a beneficiary's status in a home health episode. (See "ELGA Screen Page 04" below for home health episode information.)

ELGA	CFW	PART A ELIGIBILITY SYSTEM				ELGACRO
MM/DD/CCYY	HH:MM:SS	HOME HEALTH BENEFIT PERIODS				PAGE 03 of ##
IP-REC	CN	NM	IT	DB	SX	INT
EARLIEST BILLING DATE	LATEST BILLING DATE	PART A VISITS REMAINING		PART B VISITS APPLIED		
PF1-INQ SCREEN	PF3/CLEAR=END	PF7-PREV	PF8=NEXT			

ELGA Screen Page 03 Field Descriptions

LINE 1

Line 1 information is carried over from the ELGA screen page 01. Refer to the "ELGA Screen Page 01 Field Descriptions" for information about these fields.

LINE 2

EARLIEST BILLING DATE	The earliest home health billing date.
LATEST BILLING DATE	The latest home health billing date.
PART A VISITS REMAINING	The remaining Part A visits.
PART B VISITS APPLIED	The Part B visits that have been applied.

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ELGA Screen Page 04, (Home Health PPS Episodes)

Note: This screen will display the two most recent home health PPS episodes based on the APP DATE entered in the CWF Part A Eligibility System screen.

ELGA MM/DD/CCYY	CWF HH:MM:SS	PART A ELIGIBILITY SYSTEM HOME HEALTH PPS EPISODES				ELGACRO PAGE 04 of 09
IP-REC	CN	NM	IT	DB	SX	INT
EPISODE START	EPISODE END	DOEBA	DOLBA			
PF1-INQ SCREEN	PF3/CLEAR=END	PF7-PREV	PF8=NEXT			

ELGA Screen Page 04 Field Descriptions

LINE 1

Line 1 information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

LINE 2

- EPISODE START The first day of the 60-day Home Health Prospective Payment System (HH PPS) episode. (Two most recent home health episodes.)
- EPISODE END The last day of the 60-day HH PPS episode. (Two most recent home health episodes.)
- DOEBA Date of Earliest Billing Action (DOEBA). This is the date of the first billable visit in the home health episode.
- DOLBA Date of Latest Billing Action (DOLBA). This is the date of the last billable visit in the home health episode.

- i This screen displays the two most recent HH PPS episodes. The most recent episode will appear on the top line. To determine if prior episodes exist, make a note of the earliest episode start date and press F1 to return to the *CWF Part A Eligibility System* screen. Ensure that all required fields are complete. Tab to the APP DATE field. Enter a date that is one day prior to the earliest episode start date. For example, if the earliest episode start date appeared as 05172007, enter 05162007 in the APP DATE field and press Enter. ELGA Page 01 appears. Use your F8 key to page forward to ELGA Page 04. The two most recent HH PPS episodes, if there are any, will display based on the APP DATE entered. To see if additional episodes prior to the start date of these episodes exist, repeat the process by noting the earliest episode start date, pressing F1, and entering a date that is one day prior to the earliest episode start date in the APP DATE field.

Checking Beneficiary Eligibility

Medicare Fiscal Intermediary, Cahaba Government Benefits Administrators®, LLC
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ELGA Screen Page 05 (Screening Information)

ELGA MM/DD/CCYY	CWF HH:MM:SS	PART A ELIGIBILITY SYSTEM SCREENING INFORMATION				ELGACRO PAGE 05 of 09	
IP-REC	CN	NM	IT	DB	SX	INT	
HCPCS CODE	TECH/ PROF	RECENT DATES OF SERVICE					
PF1-INQ SCREEN	PF3/CLEAR=END	PF7-PREV	PF8=NEXT				

ELGA Screen Page 05 Field Descriptions

LINE 1

Line 1 information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

LINE 2

HCPCS CODE	The HCPCS code for the screening service provided to this beneficiary.
TECH/PROF	Indicates whether the technical or professional component was billed. Valid entries: 26 – professional TC – technical
RECENT DATES OF SERVICE	The three most recent dates of service provided for each screening service HCPCS code listed.

Checking Beneficiary Eligibility

Medicare Fiscal Intermediary, Cahaba Government Benefits Administrators®, LLC
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ELGA Screen Page 06 (Next Eligible Date)

ELGA MM/DD/CCYY	CWF HH:MM:SS	PART A NEXT ELIGIBLE DATE	ELGACRO PAGE 06 OF 09
IP-REC CN 112233444A	NM SMITH	IT A DB xxxx1933	SX M INT 00011
PREVENTIVE SERVICE	TECH DTE PROF DTE	PREVENTIVE SERVICE	TECH DTE PROF DTE
	MMDDCCYY MMDDCCYY		MMDDCCYY MMDDCCYY
CARDIOVASC (80061)	01012005 01012005	PCB EXAM (G0101)	GDRNOELG GDRNOELG
CARDIOVASC (82465)	01012005 01012005	PP VACCINE (90732)	VACCINTD VACCINTD
CARDIOVASC (82718)	01012005 01012005	PROSTATE (G0102)	01012000 01012000
CARDIOVASC (84478)	01012005 01012005	PROSTATE (G0103)	01012000 01012000
COLORECTAL (G0104)	09011998 09011998	PAP TEST (Q0091)	GDRNOELG GDRNOELG
COLORECTAL (G0105)	09011998 09011998	DIABETES (82947)	01012005 01012005
COLORECTAL (G0106)	09011998 09011998	DIABETES (82950)	01012005 01012005
COLORECTAL (G0120)	09011998 09011998	DIABETES (82951)	01012005 01012005
COLORECTAL (G0121)	07012001 07012001	GLAU (G0117,G0118)	01012002 01012002
FOB TEST (G0107)	HCPCTERM HCPCTERM	MAMM (G0202,G0203)	GDRNOELG GDRNOELG
FOB TEST (G0328)	00000000 00000000	MAMM (76092)	GDRNOELG GDRNOELG
FOB TEST (82270)	01012007 01012007	MAMM (77057)	GDRNOELG GDRNOELG
IPP EXAM (G0344)	SRVNOELG SRVNOELG	PAPT (P3000,G0123,	GDRNOELG GDRNOELG
IPP EXAM (G0366)	SRVNOELG SRVNOELG	G0143,G0144,	
IPP EXAM (G0367)	SRVNOELG 00000000	G0145,G0147,	
IPP EXAM (G0368)	00000000 SRVNOELG	G0148)	
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT			

ELGA Screen Page 06 Field Descriptions

LINE 1

Line 1 information is carried over from the ELGA screen page 01. Refer to the “ELGA Screen Page 01 Field Descriptions” for information about these fields.

LINE 2

PREVENTIVE SERVICE The abbreviation of each preventive service and the associated HCPCS codes.

Preventive Services	Abbreviation	HCPCS
Cardiovascular	CARDIOVASC	80061, 82465, 82718, 84478
Colorectal	COLORECTAL	G0104, G0105, G0106, G0120, G0121
Fecal Occult Blood Test	FOB TEST	G0107, G0328, 82270
Initial Preventive Physical Exam	IPP EXAM	G0344, G0366, G0367, G0368
Pelvic and Clinical Breast Exam	PCB EXAM	G0101
Pneumococcal Pneumonia Vaccine	PP VACCINE	90732

Checking Beneficiary Eligibility

Medicare Fiscal Intermediary, Cahaba Government Benefits Administrators®, LLC
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PREVENTIVE
SERVICE
(continued)

Preventive Services	Abbreviation	HCPCS
Prostate (including separate next eligible dates for digital rectal examination)	PROSTATE	G0102, G0103
Pap Test	PAP TEST OR PAPT	Q0091, P3000, G0123, G0143, G0144, G0145, G0147, G0148
Diabetes	DIABETES	82947, 82950, 82951
Glaucoma	GLAU	G0117, G0118
Mammography	MAMM	76092, 77057, G0202, G0203

TECH DTE
and

The next eligible technical and professional date the beneficiary can receive that preventive service.

PROF DTE

In the event, the beneficiary is not eligible for the preventive service, the technical and professional date fields will display an abbreviated message that explains why the beneficiary is not eligible. These abbreviated messages are:

NOPTBENT	Beneficiary not entitled to Part B
RECEIVED	Beneficiary already received service
DODNOELG	Beneficiary not eligible due to date of death
GDRNOELG	Beneficiary not eligible due to gender
AGENOELG	Beneficiary not eligible due to age
SRVNOELG	Beneficiary not eligible for the service
VACCINTD	Beneficiary already vaccinated
00000000	Service not applicable
HCPCTERM	HCPCS code for the preventive service has been terminated.
NOPTBENT or PTB	Beneficiary does not have Medicare Part B or beneficiary's next eligible date is after their Medicare Part B termination date
DODNOENT or DOD	Next eligible date for the preventive service is after the beneficiary's date of death

Checking Beneficiary Eligibility

Medicare Fiscal Intermediary, Cahaba Government Benefits Administrators®, LLC
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It is important to keep in mind that the eligibility date is calculated based on claims payment history. As claims are processed, the eligibility dates may change; therefore, it is important for providers to check the eligibility status before providing a service.

- ① The Centers for Medicare & Medicaid Services (CMS) has a variety of Medicare Learning Network (MLN) products related to preventive services. These resources are available on the CMS Web site at:
http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage