

# Vantage

## Using the Eligibility Verification Tool



**PURPOSE:** To describe how an agent can use the Eligibility Verification Tool to check:

- A prospect's Medicare Eligibility status, so the agent knows if the prospect is eligible for enrollment in a Medicare plan.
- A prospect's dual eligibility status, so that the agent knows if the prospect can enroll in a DESNP plan.

**SCOPE:** All Agents

## Introduction:

It is important that information you submit on an enrollment application is accurate to the best of your knowledge. You would not want to delay an applicant's enrollment by making mistakes on the application, nor would you want to spend time filling out an application for a plan for which a prospect is not even eligible.

To help agents ensure they have a full picture of an applicant's eligibility status, there is an easy way to check a prospect's Medicare eligibility and Medicaid eligibility in Vantage. Agents can use the **Eligibility Verification Tool** to determine an applicant's Medicare and Medicaid eligibility, as well as important dates concerning their eligibility.

Specifically, the tool can be used to:

- Verify an applicant is eligible for Medicare
- Check whether an applicant is eligible for Medicaid
- Determine an applicant's:
  - Medicare Part A Start and End Dates (if available)
  - Medicare Part B Start and End Dates (if available)
  - Medicare Part D Eligibility Start and End Dates (if available)
  - Uncovered Months Start and End Dates (if available)



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- Unlawful Presence Start and End Dates (if available)
- \*Medicaid Status (yes, no, or not known)
- Low Income Subsidy Indicator
- Low Income Subsidy Percent (if applicable)
- Incarceration Start and End Dates
- Comprehensive Addiction and Recovery Act (CARA) Start and End Dates

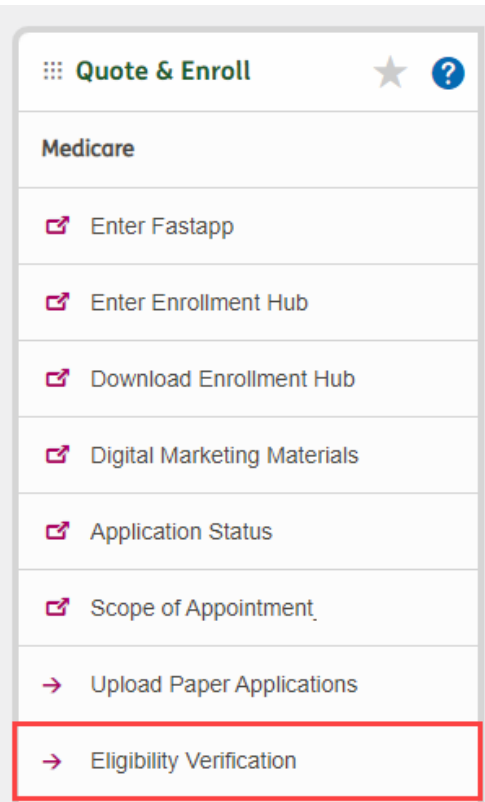
\*If an applicant is eligible for Medicaid, you should then use the tool to check their dual-eligibility status. If a member is dual-eligible, you may be able to enroll him or her in a DESNP plan (if any are available in his or her state and ZIP code).



**Important Note for DMS (Telesales) agents:** Do not use this tool to check Medicare Eligibility. Instead, use MARx to access the same information. DMS (Telesales) agents should only use the Verification Eligibility tool to check DESNP eligibility.

### Process:

In Vantage, click on the **Eligibility Verification** link on the Quote & Enroll card.



## Vantage – Using the Eligibility Verification Tool

The Eligibility Verification Tool opens and you will see the form on the right.

The screenshot shows the 'Eligibility Verification' form. At the top, there's a title bar with a back arrow, the title 'Eligibility Verification', and a close 'X' button. Below this, a question asks 'Which Eligibility verification would you like to complete today?' with two radio buttons: 'Medicare Eligibility' (selected) and 'DSNP Eligibility'. A paragraph explains the importance of accurate information and the goal of verifying with CMS. Another paragraph asks for consent to complete the verification. Below this is a 'Date of Birth' field with a placeholder 'MM/DD/YYYY'. Then, 'Please select one:' is followed by 'Humana' (selected) and 'Careplus'. The 'Gender' section has 'Male' and 'Female' radio buttons. A 'Medicare ID' field with a placeholder 'MEDICARE ID' is next. A 'Submit' button is at the bottom of the form. Below the form, there's a section for 'Status' with labels for 'Medicare ID', 'Beneficiary', and 'Gender'. At the very bottom is a green 'New Request' button.

Note that there are two types of eligibility you can verify:

- Medicare eligibility
- DESNP eligibility

By default, the Medicare Eligibility radio button is selected.

To do a DESNP eligibility check instead, click the DESNP Eligibility button.

This screenshot shows the full Vantage tool interface. At the top, there's a navigation bar with a 'Menu' icon, the 'Humana Vantage' logo, and links for 'Notifications', 'Secure Mail', 'Contact us', and 'Help'. Below the navigation bar is the 'Eligibility Verification' form, which is the same as the one in the previous screenshot. A red rectangle highlights the 'Which Eligibility verification would you like to complete today?' section, showing the 'Medicare Eligibility' radio button selected.

## Checking Medicare Eligibility

**Note to DMS (Telesales) agents: Do not use this tool to check Medicare eligibility. Instead, use MARx.**

For information on using this tool to check DESNP eligibility, skip ahead to the DESNP Eligibility section.



## Vantage – Using the Eligibility Verification Tool

When the Medicare Eligibility radio button is selected, you are ready to check a prospect's eligibility.



Note that you must ask your prospect's permission before using this tool to check their eligibility status. A good way to phrase it is:

*"Medicare eligibility is based on information provided today and is subject to change. As required by CMS, our enrollment team makes the final determination based on the information provided on the submitted enrollment form."*

*"Do we have your consent to complete this verification? Please note that during this verification, CMS may provide additional details regarding your eligibility, which could assist your licensed sales agent with choosing the plan that best fits your needs."*

Required fields are marked with a red asterisk. To verify Medicare eligibility, you are required to enter the prospect's

- Date of birth
- Interest in a Humana or CarePlus plan
- Gender
- Medicare ID

After entering the prospect's information in the required fields, the **Submit** button at the bottom will turn from grey to green.

Click **Submit** to check the eligibility.

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It may take a moment for your verification to complete.

Which Eligibility verification would you like to complete today?

☒ Medicare Eligibility ☐ DSNP Eligibility

It is important that the information provided on an enrollment form is correct to the best of your knowledge. In an attempt to avoid delays of your enrollment application being processed, we would like to verify your information with CMS prior to enrollment submission.

Ask Applicant: Do we have your consent to complete this verification? Please note that during this validation, CMS may provide additional details regarding your eligibility, which could assist your licensed sales agent with choosing the plan that best fits your needs.

Date of Birth \*

01/01/1950

Please select one: \* ☒ Humana

☐ Careplus

Gender \* ☒ Male

☐ Female

Medicare ID \*

1AA2AA3AA45

Submit

If the information you entered does not match any beneficiary in the CMS system, you will see a status of **No Matching Beneficiary**.

Date of Birth \*

01/01/1950

Please select one: \* ☒ Humana

☐ Careplus

Gender \* ☒ Male

☐ Female

Medicare ID \*

1AA2AA3AA45

Submit

Status

No matching Beneficiary

Medicare ID

Beneficiary

New Request

If the information you entered matches a beneficiary in the CMS system, you will see a status of **Matched Beneficiary**.



**Important Note:** A prospect is not automatically eligible for a Medicare plan just because he or she is a Matched Beneficiary.

There is a lot of information regarding eligibility that could be returned for a prospective member. Note that not all fields will necessarily contain information:

Status Matched Beneficiary

Medicare ID

Beneficiary

Medicare Part A Start Date ?

3/1/1998

Medicare Part A End Date

Medicaid Indicator

Y

Medicare Part B Start Date ?

3/1/1998

Medicare Part B End Date

Low Income Subsidy Indicator ?

Low Income Subsidy Percent

100%

Medicare Part D Eligibility Start Date ?

1/1/2006

Medicare Part D End Date

Low Income Subsidy Effective Date ?

1/1/2021

Low Income Subsidy End Date

12/31/2021

Uncovered Months Start Date ?

1/1/2021

Uncovered Months End Date

Incarceration Start Date ?

Incarceration End Date

Unlawfully Presence Start Date ?

Unlawfully Presence End Date

CARA Status Start Date ?

CARA Status End Date

New Request

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- Medicare Part A Start and End Dates
- Medicare Part B Start and End Dates
- Medicare Part D Eligibility Start and End Dates
- Uncovered Months Start and End Dates
  - Dates for a prospect's uncovered months for individuals that did not have Part D or other creditable coverage.
- Unlawful Presence Start and End Dates
  - CMS obtains official lawful presence from the Social Security Administration (SSA) and uses this information to make the determination as to whether the individual is eligible to enroll in a Medicare health or drug plan. If an individual is currently within this start and end date, they will be denied coverage.
- Medicaid Indicator
  - If a prospect is dual eligible, you should check their eligibility for any available DESNP plans.
- Low Income Subsidy Indicator
- Low Income Subsidy Percent
- Low Income Subsidy Effective and End Dates
- Incarceration Start and End Dates
  - If a prospect is currently incarcerated, meaning today's date is within the incarceration start and



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<p>end dates, they will be denied coverage.</p> <ul style="list-style-type: none"><li>• CARA Status Start and End Dates<ul style="list-style-type: none"><li>○ CARA refers to the Comprehensive Addiction and Recovery Act. Once an individual has been identified as a “Potential At-Risk” or “At Risk” by the MAPD organization for opioid use per CARA, a flag is set by Medicare and the individual will not have the ability to use ETC L while in this active status.</li></ul></li></ul> <p>Use this information to determine your prospect’s eligibility and to help find the best plan for them.</p>	
<p>If you need to run a new search, you can click the <b>New Request</b> button to clear all the fields.</p>	<div><div>Status</div><div>No matching Beneficiary</div><div>Medicare ID</div><div>Beneficiary</div><div>New Request</div></div>

## Checking DESNP Eligibility

<p>To check DESNP Eligibility, be sure the <b>DENSP Eligibility</b> radio button is selected at the top of the tool.</p>	<div><div>&lt; Eligibility Verification</div><div>Which Eligibility verification would you like to complete today?</div><div><input type="radio"/> Medicare Eligibility <input checked="" type="radio"/> DESNP Eligibility</div><div>Dual Special Needs Plan eligibility verification tool does not validate agent licensing. Please be advised that agents are ultimately responsible to ensure they have all required licenses. We recommend agents confirm with the relevant Departments of Insurance that they have the</div></div>
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## Vantage – Using the Eligibility Verification Tool

Note the disclaimer at the top—this tool does not validate licensing. Be sure you are only selling in markets for which you are licensed.



Also, note that you must ask your prospect's permission before using this tool to check their dual-eligibility status. A good way to phrase it is:

*“All Medicaid eligibility is based on information provided today and is subject to change. As required by CMS, our enrollment team makes the final determination based on the information provided on the submitted enrollment form.*

*Do I have your permission to look up your Medicaid status to determine if you are eligible for our Dual Eligible Special Needs Plan?”*

Eligibility Verification

Which Eligibility verification would you like to complete today?

☐ Medicare Eligibility ☒ DSNP Eligibility

Dual Special Needs Plan eligibility verification tool does not validate agent licensing. Please be advised that agents are ultimately responsible to ensure they have all required licenses. We recommend agents confirm with the relevant Departments of Insurance that they have the appropriate licensing and lines of authority for the products they intend to market and sell.

All Medicaid eligibility is based on information provided today and is subject to change. As required by CMS, Humana/CarePlus Enrollment makes the final determination based on the information provided on the submitted enrollment form.

Ask Applicant: Do I have your permission to look up your Medicaid status to determine if you are eligible for our Dual Eligible Special Needs Plan?

Plan Year \*

Select

State \*

Select

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Required fields are marked with a red asterisk.

You'll need to enter or confirm:

- \*Plan year for which you are checking benefits
- \*Prospect's state of residence
- Prospect's first name
- Prospect's last name
- Prospect's date of birth
- Prospect's gender
- Prospect's SSN **and/or** the prospect's Medicaid ID/Medicaid Member ID
- Optionally, you can also enter the prospect's Medicare ID.

\* The Plan Year and the State fields both take a moment to load once you open this tool. You'll see an *in progress* icon in both fields while their data is loaded. Be patient and wait until the icon is gone before beginning your search.

Plan Year \*      State \*

Select      Select

First Name \*      Last Name \*

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \*

MM/DD/YYYY

Gender \*    ☐ Male  
                 ☐ Female

Please enter prospective members Social Security Number OR Medicaid ID/Medicaid Member ID (or both) below in order to submit this request.

Social Security Number      Medicaid ID/Medicaid Member ID

\_\_\_\_\_  
\_\_\_\_\_

Medicare ID

\_\_\_\_\_

Submit

Plan Year \*      State \*

Select      Select



### Important Note for Florida Agents:

When you select Florida as the state, an additional required field appears.

Indicate whether you are checking eligibility for a CarePlus or Humana plan by selecting the appropriate radio button.

This option only appears when Florida is selected.

Plan Year \*      State \*

2021      Florida

Please select one: \*    ☒ Humana  
   ☐ Careplus

Once you have completed all of the required fields in the form, the **Submit** button will turn green. Click it to submit your request.

Please enter prospective members Social Security Number OR Medicaid ID/Medicaid Member ID (or both) below in order to submit this request.

Social Security Number      Medicaid ID/Medicaid Member ID

111111111      \_\_\_\_\_

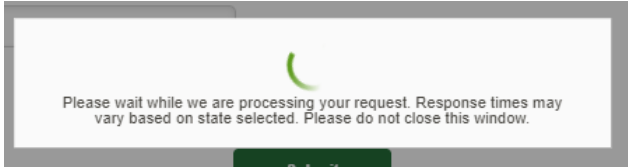
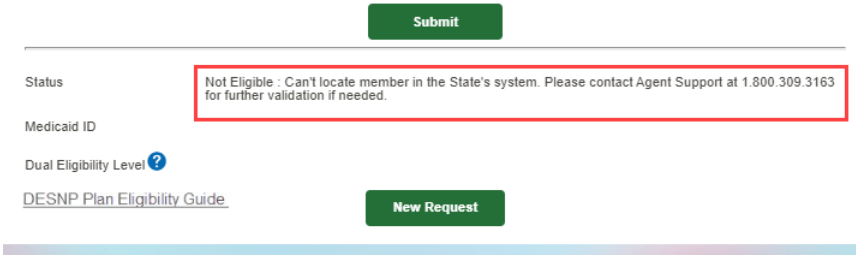
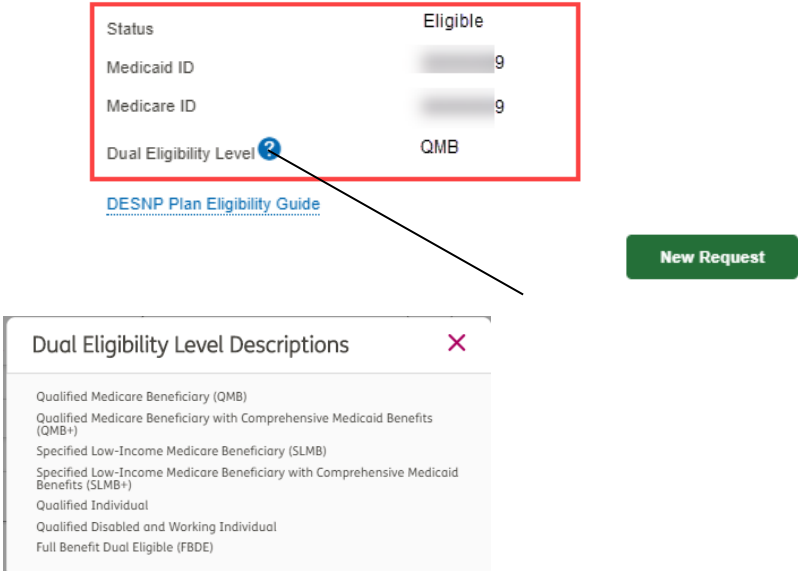
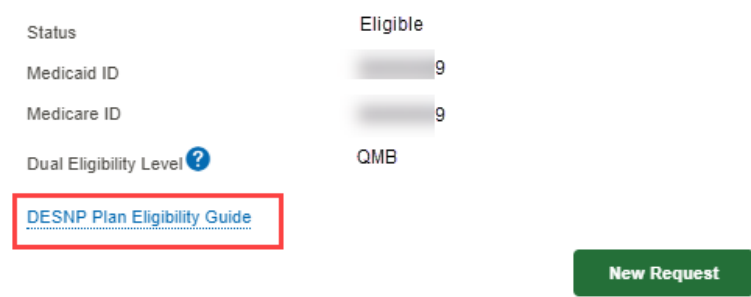
Medicare ID

\_\_\_\_\_

Submit



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<p>It may take a moment for your verification to complete.</p>	
<p>If your prospect is not dual eligible, you will see the message on the right, meaning he or she is not eligible for a DESNP plan.</p> <p><b>Field agents</b> can call the Agent Support Unit (ASU) at the number displayed in the message if further validation is needed.</p> <p><b>Telesales (DMS and Vendor) agents</b> should not call ASU.</p>	
<p>If the tool verifies your prospect's dual eligibility, you'll see results like those on the right, including the prospect's:</p> <ul style="list-style-type: none"> <li>• Eligibility status</li> <li>• Medicaid ID</li> <li>• Medicare ID</li> <li>• Dual Eligibility Level</li> </ul> <p>You can click the Question mark icon next to the Dual Eligibility Level for descriptions.</p>	
<p>Now that you have your dual eligibility level code, you need to check what specific plans your prospect is eligible to enroll in for his state of residence.</p> <p>Click the <b>DESNP Plan Eligibility Guide</b> link.</p>	

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The guide will open in a new window.

Scroll down to the state in which your prospect resides (in this case, Ohio) and check what plans your prospect is eligible to enroll in based on the Dual Eligibility Level returned in the tool.

In this example, our prospect's dual eligibility level is **QMB**, which means we know he is eligible to enroll in either the HMO or PPO plan.

Ohio	HMO H6622-015	\$0 Cost Share	QMB, QMB+, SLMB+ and FBDE
	PPO H5525-046	\$0 Cost Share	QMB, QMB+, SLMB+ and FBDE