



Eligibility and Benefit Verification

POLICY NUMBER UM_1004	SUBJECT Eligibility and Benefit Verification	DEPT/PROGRAM UM Dept	PAGE 1 OF 2
DATES COMMITTEE REVIEWED 08/11/10, 09/12/12, 11/07/12, 04/10/13, 04/09/14, 05/13/15, 07/26/16, 09/13/17, 12/12/18, 10/09/19, 11/11/20, 12/08/21	APPROVAL DATE December 8, 2021	EFFECTIVE DATE December 31, 2021	COMMITTEE APPROVAL DATES 08/11/10, 09/12/12, 11/07/12, 04/10/13, 04/09/14, 05/13/15, 07/26/16, 09/13/17, 12/12/18, 10/09/19, 11/11/20, 12/08/21
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee	
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CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS	APPLICABLE LINES OF BUSINESS All	

I. PURPOSE

To ensure that member eligibility and benefits are verified at the time of the request for care/service.

II. DEFINITIONS

Eligibility: Meeting the stipulated requirements for enrollment in a given health benefit program.

Benefit: A covered service under the enrollee's health care plan.

III. POLICY

- New Century Health maintains the most current and accurate eligibility and benefit information available from the client.
- At a minimum, each client provides enrollment and eligibility files to New Century Health on a monthly basis. New Century Health can accept enrollment and eligibility updates as frequently as necessary up to and including daily submissions by the client.
- Each client provides initial and updated benefit information as often as necessary to ensure accurate determination of enrollee coverage.

IV. PROCEDURE

- The Information Technology Department is responsible for loading and maintaining accurate eligibility and benefit files provided by the client into the NCH medical management system.

- B. When a request for service is received, a staff member of the Utilization Management Department or Client Services Department obtains provider and member demographic information and the type of service being requested (i.e. oncology, cardiology, etc.).
- C. The staff member of the Utilization Management Department signs into the New Century Health Information System and identifies the specific provider network.
- D. The patient ID number is entered into the appropriate field.
- E. The associated patient name and birth date appears, and the staff member of the Utilization Management Department verifies accuracy of personal information and eligibility.
- F. The system will then provide coverage information, effective date of enrollment. Once eligibility and covered benefits are verified, the Utilization Management Department staff member shall continue with the established authorization process.

V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

- A. None

VII. REFERENCES

- A. None