



Minnesota Administrative Uniformity Committee (AUC) Best Practice: Provider Eligibility Verification

Minnesota AUC best practices: Below is one of several consensus recommendations of the AUC to standardize and harmonize health care administrative transactions for providers and group purchasers. Adoption and adherence to AUC best practices is voluntary but is strongly encouraged to reduce health care administrative burdens and costs.

Note: This Best Practice is intended for use with the corresponding [Minnesota Uniform Companion Guide\(s\)](#), v5010.

1. Title of best practice:

Provider Eligibility Verification

2. Applicability of the best practice:

This best practice is intended as guidance for health care providers, group purchasers (health plans, payers), intermediaries such as clearinghouses, and other interested parties.

3. Summary:

Below are recommendations for providers to facilitate verifying a patient's eligibility for health coverage and benefits with a health plan, including:

- When and how to verify;
- Preferred methods of eligibility inquiry; and,
- Sharing eligibility information.

4. Description of the best practice:

• *When and How Eligibility Should Be Checked*

Generally, the need for eligibility checking and verification is triggered when a patient is receiving or is going to receive services. Eligibility should be checked from all sources prior to a patient visit as well as every calendar month, especially for public program coverage. Ideally, eligibility transactions should not be concentrated on the first day of the month. These recommendations should be followed for all health plans including Medicare.

Re-verify eligibility outside the normal schedule above if the patient indicates something has changed, for example:

- New ID card, group number has changed;
- Medicare eligibility;
- When generating estimates requested by the patient; and,
- Change in employment and new coverage.

• **Preferred Methods of Eligibility Inquiry in Order of Priority A-D**

Methods	Notes
A. <i>Electronic exchange of the HIPAA-adopted X12 v5010 270/271 Eligibility Inquiry and Response transaction</i>	The preferred method of eligibility inquiry is the electronic exchange of the HIPAA-adopted X12 v5010 270/271 Eligibility Inquiry and Response transaction as further described in the applicable Minnesota Uniform Companion Guide . This method is preferred because it removes the chance for errors by having to re-key information. In addition: <ul style="list-style-type: none"> ○ Generally, batch transactions are preferred for checking eligibility; ○ Real-time transactions may be used as needed; ○ Clearinghouse vendors should not submit 270 transactions unless they are requested by the provider.
B. <i>Web Portal</i>	May be used as needed
C. <i>Interactive Voice Response (IVR)</i>	Use when 270/271 or web is not available
D. <i>Phone call (if data not available via IVR)</i>	Call health plan customer service number as a last resort or if level of detail needed cannot be obtained via the other three methods above.

• **Recommendation for Sharing Eligibility Data Across Care System**

We recommend that providers centralize sharing of eligibility information across the care organization.

5. Publication/posting date: [TBD]

- AUC Operations Committee Approval Date: [TBD]
- AUC Technical Advisory Group (TAG) approval date: [TBD]

6. Last reviewed date:

7. Additional Information

- More information regarding the [Minnesota Administrative Uniformity Committee \(AUC\)](https://www.health.state.mn.us/facilities/auc/index.html) is available at <https://www.health.state.mn.us/facilities/auc/index.html>.
- [AUC Best Practices](https://www.health.state.mn.us/facilities/auc/bestpractices/index.htm) are available online at <https://www.health.state.mn.us/facilities/auc/bestpractices/index.htm>.