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FACT SHEET

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Checking Medicare Eligibility



What's Changed?

- Added new items to the list of eligibility responses we return (pages 3 & 4)
- Added information on the new Medicare Part B immunosuppressive drug benefit (page 4)
- Added information on preventive services eligibility data (pages 4 & 5)

You'll find substantive content updates in dark red.

People who meet these requirements are eligible for Medicare:

- 65 or older
- Under age 65 with certain disabilities
- Any age with ESRD

To find out the entitlement reason, check the eligibility response.

Check Your Patient's Eligibility

You can check patient eligibility through these online tools and services:

- Medicare Administrative Contractor (MAC) online provider portal
- MAC Interactive Voice Response (IVR) system
- Billing agencies, clearinghouses, or software vendors
- Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS)

To check eligibility, enter your patient's:

- MBI
- First and last name
- Date of birth (MM/DD/YYYY)

When the information matches a Medicare record, we'll return an eligibility response containing information like:

- Date of death (if applicable)
- [Deductibles and coinsurance](#)
- Demographics
- Entitlement
 - Part A
 - Part B
 - **Reason**
- Hospital lifetime reserve days remaining
- Medicare Advantage plan

You refers to the provider billing Medicare-covered supplies or services.

You may see different Medicare eligibility responses based on the tool you use.

For a Medicare Advantage enrollee, the eligibility response shows the patient's Medicare Advantage plan, plan enrollment effective and termination dates, and plan contact information. Direct your eligibility query to the identified plan in the response. We don't have plan coverage and paid claims information to determine eligibility for items or services.

- Medicare drug plan (Part D)
- Medicare Secondary Payer
- Periods & Spells
 - ESRD
 - Home health
 - Hospice
 - Hospital
 - [Qualified Medicare Beneficiary](#)
 - Skilled nursing facility and benefit days remaining
- Services
 - Acupuncture
 - Cardiac rehabilitation
 - Cognitive Assessment & Care Plan Services
 - Pulmonary rehabilitation
 - Medicare Diabetes Prevention Program
 - Preventive: HCPCS or CPT codes, dates of service, and NPI, or next eligible date
 - Therapy

You can use the information in the eligibility response to prepare accurate Medicare claims, determine patient liability, or check eligibility for specific items or services.

Medicare Part B Immunosuppressive Drug Benefit

Patients with Medicare because of ESRD currently lose coverage 36 months after a kidney transplant unless otherwise eligible for Medicare. Patients who meet certain criteria can qualify for continuous Medicare-covered immunosuppressive drugs. This new benefit is called the [Medicare Immunosuppressive Drug \(Part B-ID\) benefit](#). The new benefit only covers immunosuppressive drugs and no other items or services.

Preventive Services Eligibility Data

You can check when your patients are eligible for preventive services. When you know past dates of service or next eligible dates, you can:

- Encourage your patients to get the preventive services they need
- Better coordinate care with other health care providers
- Help advance health equity

The next eligible date may be a future date, meaning you can't provide the service until that date. Or it may be a past date, meaning your patient has been eligible for the service since that date and you can provide the service now.

We calculate next eligible dates from claims paid under the Medicare Fee-for-Service (FFS) Program. For some preventive services, we return FFS paid claims CPT or HCPCS codes, dates of service, and NPI so you can coordinate care. Use this information along with the [Medicare Preventive Services](#) educational tool to determine coverage and frequency.

MAC Online Provider Portal

Each MAC offers its own Medicare online provider portal so you can access information anytime.

MAC IVR System

Each MAC offers its own Medicare IVR so you can access information anytime. Verify your identity in the automated phone system with your:

- NPI
- Provider Transaction Access Number (PTAN)
- Last 5 digits of your Tax Identification Number (TIN)

Find your [MAC's website](#) to register for their portal or for more information on using their IVR.

Billing Agencies, Clearinghouses, or Software Vendors

Third-party entities like [billing agencies, clearinghouses, or software vendors](#) can verify Medicare coverage.

If you hire a third-party entity, ask them:

- If they use sub-contractors
- How they protect your data
- If the data goes outside the U.S.

While HIPAA rules don't include requirements about business associates protecting electronic health information processed or stored outside the U.S., your risk may vary depending on geographic location.

In particular, if the third-party entity outsources work overseas, you may take on greater risks and vulnerabilities to the information. As a HIPAA-covered entity, consider these risks when conducting your risk analysis and management as required by the Security Rule at [45 CFR 164.308\(a\)\(1\)\(ii\)\(A\)](#) and [\(a\)\(1\)\(ii\)\(B\)](#).

HETS

HIPAA Eligibility Transaction System (HETS) allows you to access information anytime. You can get 4 years of eligibility data.

View the Companion Guide on the [HETS webpage](#) to get a complete list of HETS 271 eligibility data.

Get information on how to sign up for HETS in the [HETS 270/271 FAQs](#).

MAC portals, IVR systems, and billing agencies, clearinghouses, or software vendors use HETS data.

Resources

- [HIPAA Basics for Providers: Privacy, Security, & Breach Notification Rules](#)
- [HIPAA Eligibility Transaction System](#)
- [HIPAA Privacy Rule Business Associates Guidance](#)
- [Medicare Billing: 837I & Form CMS-1450](#)
- [Medicare Billing: 837P & Form CMS-1500](#)

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