

KNOWLEDGE • RESOURCES • TRAINING

Checking Medicare Eligibility







What's Changed?

- Getting Preventive Services eligibility dates (page 4)
- Hiring a billing agency, clearinghouse, or software vendor (page 4)

You'll find substantive content updates in dark red font.



People who meet these requirements are eligible for Medicare:

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

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)

You can use all online tools and services to get eligibility information. Enter your patient's:

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

Medicare Beneficiary Identifier (MBI)

When the information matches a Medicare record, we'll return information like:

- **Demographics**
- Part A entitlement
- Part B entitlement
- Part D
- Medicare Advantage plan
- Qualified Medicare Beneficiary (QMB)
- Date of death
- Deductibles and coinsurance
- Hospital spells
- Hospital lifetime reserve days remaining
- Skilled nursing facility spells and benefit days remaining
- Home health periods
- Hospice care coverage periods

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.



- ESRD data
- Therapy service
- Preventive services, HCPCS and or CPT codes, date of service, and National Provider Identifier (NPI)
- Medicare Secondary Payer

Use the eligibility response to prepare accurate Medicare claims, determine patient liability, or check eligibility for specific services.

MAC Online Provider Portal

Each MAC offers its own Medicare online provider portal so you can access information anytime. Find your MAC's website to register for your MAC's portal.

MAC IVR System

Each MAC offers its own Medicare IVR so you can access information anytime.

Verify your identity in the automated phone system. Enter your:

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

Find your MAC's website for more information on using their IVR.

Billing Agencies, Clearinghouses, or Software Vendors

Third-party entities like <u>billing agencies</u>, <u>clearinghouses</u>, <u>or software vendors</u> can verify Medicare coverage.

If you use a third-party entity, ask if they use sub-contractors, and find out how they protect your data. Ask if the data goes outside the United States (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, you should consider these risks when conducting your risk analysis and management as required by the Security Rule at 45 Code of Federal Regulations (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.

Get a complete list of HETS 271 eligibility data in the <u>HETS Companion Guide</u>. MAC portals, IVR systems, and billing agencies, clearinghouses, or software vendors use HETS data.

Get information on how to sign up for HETS in the HETS 270/271 FAQs.

Resources

- HIPAA Basics for Providers: Privacy, Security, & Breach Notification Rules
- HIPAA Eligibility Transaction System
- HIPAA Privacy Rule Business Associates Guidance
- Medicare Billing: Form CMS-1450 and the 837 Institutional
- Medicare Billing: 837P & Form CMS-1500

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