

Medicare Diabetes Prevention Program (MDPP)

How to Verify an MDPP Beneficiary's Medicare Coverage

Medicare beneficiaries must meet six eligibility criteria to have coverage of MDPP services. One of these criteria is that the individual have Medicare Part B coverage through Original Medicare (Fee-for-Service) or a Medicare Advantage (MA) plan. This document is a resource for MDPP suppliers on how to verify a beneficiary's Medicare coverage to determine whether or not the beneficiary is eligible for coverage of MDPP services. A full list of MDPP beneficiary eligibility requirements, including those criteria that can be self-reported, can be found in the [MDPP Beneficiary Eligibility Fact Sheet](#).

Verifying Coverage

MDPP suppliers should confirm that a beneficiary has Medicare Part B coverage before the first core session.

Suppliers can collect a beneficiary's health insurance card to see whether the beneficiary has Part B coverage through Original Medicare or an MA plan. Or, MDPP suppliers can verify the following information through the Centers for Medicare & Medicaid Services (CMS)*:

- Whether the beneficiary has Medicare Part B coverage and the effective dates of coverage
- Whether the beneficiary has Medicare Part B coverage through an MA plan, as well as the effective dates of coverage, and the name and contact information for the Medicare Advantage plan
- The beneficiary's beginning and end dates for Medicare coverage if he/she becomes ineligible (e.g. the beneficiary has been incarcerated)
- Whether the beneficiary has previously received MDPP services counting towards their once-per-lifetime limit.

Important Note on Verifying Previous Receipt of MDPP Services: Suppliers can check which MDPP sessions have been billed by a beneficiary's previous supplier, the supplier's NPI and the dates of service. This information can help MDPP suppliers determine how much of the program the beneficiary has completed and if a beneficiary has reached their lifetime limit for MDPP. This information is useful for suppliers when a beneficiary switches into their program, or to make initial eligibility determinations.

There are a few ways that all Medicare providers/suppliers, including MDPP suppliers, can verify a beneficiary's Medicare coverage through CMS. If your organization was already a Medicare provider/supplier before enrolling separately as an MDPP supplier, and you already have a method in place to verify beneficiaries' Medicare coverage, you can continue to use that method. You do not need to do anything different to verify MDPP beneficiaries' Medicare coverage. If your organization is new to Medicare, the option that's best for you may depend on whether your organization is using, or wants to use, a contractor to verify beneficiary eligibility and/or submit claims.

NOTE: Information on additional beneficiary eligibility requirements is also available from CMS, including:

- *The beneficiary's demographic information*
- *Whether the beneficiary has Medicare coverage by way of having end-stage renal disease (ESRD).*
NOTE: Beneficiaries with ESRD are ineligible for coverage of MDPP services
- *Whether the beneficiary is covered by another health insurance plan in addition to Medicare and the plan's contact information*

*CMS intends to provide additional guidance on how to check whether beneficiaries have met their once-per-lifetime limit for MDPP services.

Options for Verifying Coverage

There are four options for verifying a beneficiary's Medicare Coverage

Option 1

Medicare Administrative Contactor (MAC) Online Provider Portal

MACs are contractors that process enrollment and claims for Medicare Fee-for-Service (FFS) providers and suppliers and can verify a beneficiary's eligibility for Medicare-covered services. Each MAC offers its own online provider portal for the Medicare providers and suppliers in its jurisdiction. An MDPP supplier can register with its MAC's provider portal by contacting its MAC or by finding its [MAC provider portal](#) online.

Once registered, the supplier can use the portal to look up a Medicare beneficiary's eligibility information in real-time. Enter the beneficiary's Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI), beneficiary's first and last name, and beneficiary's date of birth. This option is self-service, and an MDPP supplier can access its MAC's provider portal at any time.

This option may be easiest for MDPP suppliers that do not have an existing method for verifying beneficiaries' Medicare coverage and do not wish to use a third party entity to verify beneficiary eligibility.

Option 2

Medicare Administrative Contactor (MAC) Phone Verification

Each MAC has an automated phone system that MDPP suppliers can call to receive beneficiary eligibility information. To find the phone number for its MAC, an MDPP supplier can view this [list of MAC webpages](#), locate the Part B MAC that covers its state, and navigate to the MAC's website to find the appropriate phone number.

The MDPP supplier must authenticate through the automated phone system by entering its National Provider Identifier (NPI), Provider Transaction Access Number (PTAN), and Tax Identification Number (TIN) in order to perform an eligibility query. Using the automated phone system, the supplier can enter the beneficiary's HICN or MBI, beneficiary's first and last name, and beneficiary's date of birth to get the beneficiary's eligibility information in real-time. This option is self-service, and an MDPP supplier can access its MAC's automated phone system at nearly any time.

This is also a good option for MDPP suppliers that do not have an existing method for verifying beneficiaries' Medicare coverage and do not wish to use a third party entity to verify beneficiary eligibility.

Option 3

HIPAA Eligibility Transaction System (HETS)

The Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS) allows Medicare providers and suppliers to check Medicare beneficiary eligibility data in real-time. HETS allows providers and suppliers to submit eligibility requests using a HIPAA compliant transaction (referred to as 270 eligibility request). Submitters must develop or acquire a tool to construct, send, and receive these transaction. A separate 270 eligibility request transaction must be completed for each individual beneficiary. For more information, please visit the [HETS website](#).

This option may be best for organizations that were already using HETS before enrolling as MDPP suppliers and want to continue to do so. It may also be a good option if your organization has the capabilities to send and receive HETS transactions and does not wish to use a third party entity to verify beneficiary eligibility.

Option 4

Billing Agency, Clearinghouse, or Software Vendor

Some Medicare providers and suppliers use billing agencies, clearinghouses, or software vendors to verify beneficiaries' Medicare coverage on their behalf. If an organization uses a billing agent to submit claims, for example, the billing agent may also be able to verify the beneficiaries' Medicare coverage. Additionally, HETS transactions require systems capabilities that some providers and suppliers prefer to contract out to a third party entity.

This option may be best for organizations that were already using billing agencies, clearinghouses, or software vendors to verify beneficiaries' Medicare coverage before enrolling as MDPP suppliers and want to continue to do so. It may also be a good option if your organization is new to Medicare and you plan to use a billing agent to submit claims on behalf of your organization.

If you have additional questions about verifying a beneficiary's Medicare coverage, you can call your MAC and speak with a Customer Service Representative. If you have general MDPP policy questions, you can visit the MDPP website at <http://go.cms.gov/mdpp>.