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# Program Memorandum Intermediaries/Carriers

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Department of Health and  
Human Services (DHHS)  
HEALTH CARE FINANCING  
ADMINISTRATION (HCFA)

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Transmittal AB-01-87

Date: JUNE 27, 2001

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## CHANGE REQUEST 1706

### **SUBJECT: Disclosure Desk Reference for Call Centers**

The purpose of this Program Memorandum (PM) is to provide guidelines for the intermediaries' and carriers' call centers regarding the disclosure of beneficiary-specific information over the telephone. These guidelines apply to requests for information that come in over telephone lines provided for beneficiary inquiries and are consistent with the provisions of the Privacy Act of 1974.

We have attempted to address the most likely scenarios in this PM. For situations not specifically addressed here, the customer service representative (CSR) should use his/her discretion, taking care to protect the beneficiary's privacy and confidentiality. The CSR should contact his/her supervisor or the organization's privacy official for determinations if he/she is unsure whether or not to disclose beneficiary-specific information.

**The *effective date* for this PM is August 29, 2001.**

**The *implementation date* for this PM is August 29, 2001.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after June 2002.**

**If you have any questions, contact Robin Getzendanner at [rgetzendanner@hcfa.gov](mailto:rgetzendanner@hcfa.gov) or call 410-786-9621.**

**Attachment**

## Disclosure Desk Reference for Call Centers

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
The beneficiary		Verify it is the beneficiary by asking for his/her: <ul style="list-style-type: none"> <li>• Full name</li> <li>• Date of birth</li> <li>• HIC number</li> <li>• One additional piece of information such as SSN, address, phone number, effective date(s), whether they have Part A and/or Part B coverage.</li> </ul>	Release any entitlement and claim information and answer any questions pertaining to the beneficiary's Medicare coverage, except information related to diagnosis.	MCM Part 2 §5104 B.8  MIM Part 2 §2958 B.8
The beneficiary	The beneficiary makes a mistake on the information (name, date of birth, HIC number or additional piece of information) used to verify his/her identity.  <b>NOTE:</b> There is a two-year tolerance for the year of birth. (E.g., for a beneficiary born on 3/12/31 you may accept the year of birth as 1929, 1930, 1931, 1932, or 1933 – two years prior and two years after the correct year of birth. The month and date, however, must match exactly.)	Explain to the beneficiary that the information does not match the information in your records. Ask him/her to repeat the information, and if still incorrect, suggest that the beneficiary look at his/her Medicare paperwork to find the correct information or ask someone (family or friend) to help him/her with this information.	If the beneficiary is able to provide the correct information, release per the instructions above.  If the beneficiary is unable to provide the correct information, YOU MAY NOT release any entitlement or claim information or answer any questions pertaining to the beneficiary.  Advise the beneficiary that the information is protected under the Privacy Act and it is for the beneficiary's protection that we will not release the information.	45 CFR Subtitle A 5b.5(b)(v)  MCM Part 3 §10010  MIM Part 3 §3763  POMS GN 03360.005 – Releasing Information by Telephone

## Disclosure Desk Reference for Call Centers

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
Parent of a minor child	A request for information from a minor child's record by the child's parent is an access request that must be honored, as long as it is clear that the parent is acting on the child's behalf.	Verify the identity of the minor child by asking for his/her: <ul style="list-style-type: none"> <li>• Full name</li> <li>• Date of birth</li> <li>• HIC number</li> <li>• One additional piece of information such as SSN, address, phone number, effective date(s), whether they have Part A and/or Part B coverage.</li> </ul> Verify that the caller's name matches the parent's name listed in your files.	Release any entitlement and claim information and answer any questions pertaining to the minor child's Medicare coverage, except information related to diagnosis.	MCM Part 3 §10020 B  MIM Part 3 §3766 B  POMS GN 03360.005 – Releasing Information by Telephone
SSA-Appointed Representative Payee  <u>Or</u>  A legal guardian of any individual who has been declared incompetent by the court	To answer any questions via the telephone, you must have proof of the arrangement for services on file or the representatives name must appear on the system (e.g., Master Beneficiary Record (MBR), Supplemental Security Income Record (SSR), Health Insurance Master Record (HIMR) or Inquiry Response Numident Identification screen (QRID)).	Verify that the caller's name matches the representative payee or legal guardian's name in your files.  Have the representative payee or legal guardian provide the beneficiary's: <ul style="list-style-type: none"> <li>• Full name</li> <li>• Date of birth</li> <li>• HIC number</li> <li>• One additional piece of information such as SSN, address, phone number, effective date(s), whether they have Part A and/or Part B coverage.</li> </ul>	Release any entitlement and claim information and answer any questions pertaining to the beneficiary's Medicare coverage, except information related to diagnosis.	MCM Part 3 §10020 E.1.b  MIM Part 3 §3766 E.1.b  SSA training module – Title II Claims Representative Basic Training Course (CR-02) <u><a href="#">Disclosure/Confidentiality/Privacy Act/ Freedom of Information</a></u>  POMS GN 03360.005 – Releasing Information by Telephone

## Disclosure Desk Reference for Call Centers

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
<p>Legal representative as defined by the State.</p>	<p>Initially, these types of requests must come in as written requests in order to verify the relationship.</p> <p>To answer any questions via the telephone, you must have proof of the arrangement for services on file or the representatives name must appear on the system (e.g., Master Beneficiary Record (MBR), Supplemental Security Income Record (SSR) or Inquiry Response Numident Identification screen (QRID)).</p> <p>The representative's name must match the name of the representative that is on file.</p>	<p>Verify the identity of the the beneficiary by asking for his/her:</p> <ul style="list-style-type: none"> <li>• Full name</li> <li>• Date of birth</li> <li>• HIC number</li> <li>• One additional piece of information such as SSN, address, phone number, effective date(s), whether they have Part A and/or Part B coverage.</li> </ul> <p>Verify that the caller's name matches the representative's name in your files.</p>	<p>Release information to legal representatives (such as an attorney) pertaining to the matter for which they have been appointed as representative. You may assume the legal representative can receive any entitlement and claim information, except information related to diagnosis, on behalf of the beneficiary unless it is evident by the documentation that they represent the beneficiary for limited services (i.e., financial representative only).</p>	<p>SSA training module – Title II Claims Representative Basic Training Course (CR-02)  <u>Disclosure/Confidentiality/Privacy Act/ Freedom of Information</u></p> <p>POMS GN 03360.005 – Releasing Information by Telephone</p>

### Disclosure Desk Reference for Call Centers

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
<p>A beneficiary’s spouse, relative, friend or advocacy group (<u>excluding</u> State Health Insurance Assistance Program (SHIP) employees and volunteers)</p>	<p>The beneficiary gives verbal consent for you to speak with the contact.</p> <p>(The beneficiary does not have to remain on the line during the conversation, or even be at the same place as the contact – you may obtain the beneficiary’s consent to speak with the contact via another line or three way calling.)</p>	<p>Make sure you verify the identity of the beneficiary by asking the beneficiary for his/her:</p> <ul style="list-style-type: none"> <li>• Full name</li> <li>• Date of birth</li> <li>• HIC number</li> <li>• One additional piece of information such as SSN, address, phone number, effective date(s), whether they have Part A and/or Part B coverage.</li> </ul> <p>A verbal consent is good for 14 days. Advise the beneficiary and the contact that if the beneficiary wants the contact to receive information for more than 14 days, the beneficiary should send in a written authorization.</p>	<p>Release any entitlement and claim information and answer any questions pertaining to the beneficiary’s Medicare coverage, except information related to diagnosis.</p>	<p>MCM Part 2 §5104 B.8</p> <p>MIM Part 2 §2958 B.8</p>

## Disclosure Desk Reference for Call Centers

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
<p>A beneficiary's spouse, relative, friend or advocacy group (<u>excluding</u> State Health Insurance Assistance Program (SHIP) employees and volunteers)</p>	<p>The beneficiary is not available to verbally consent for you to speak with the caller and there is no written consent on file.</p>	<p>Advise the caller that you may not give out any information without the beneficiary's consent.</p> <p>The caller may call back at a later time with the beneficiary present to give consent.</p> <p style="text-align: center;">-Or-</p> <p>The beneficiary could provide written consent authorizing caller to obtain information about his or her record.</p>	<p>YOU MAY NOT release any claim information or answer any questions pertaining to the beneficiary.</p> <p>Advise the contact that the information is protected under the Privacy Act and it is for the beneficiary's protection that we will not release the information.</p>	<p>MCM Part 2 §5104 B.8</p> <p>MIM Part 2§2958 B.8</p> <p>MCM Part 3 §10010</p> <p>MIM Part 3 §3763</p>
<p>A beneficiary's spouse, relative, friend or advocacy group (<u>excluding</u> State Health Insurance Assistance Program (SHIP) employees and volunteers)</p>	<p>You have written consent on file that allows you to give beneficiary-specific information to the caller</p>	<p>The caller must provide the beneficiary's:</p> <ul style="list-style-type: none"> <li>• Full name</li> <li>• Date of birth</li> <li>• HIC number</li> <li>• One additional piece of information such as SSN, address, phone number, effective date(s), whether they have Part A and/or Part B coverage.</li> </ul> <p>Ensure that the caller is the authorized individual, and within the authorized time period (if specified).</p>	<p>Only discuss information authorized by the written consent. You may not discuss information related to diagnosis</p>	<p>MCM Part 2 §5104 B.8</p> <p>MIM Part 2 §2958 B.8</p>

## Disclosure Desk Reference for Call Centers

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
<p>A beneficiary's spouse, relative, friend or advocacy group (<u>excluding</u> State Health Insurance Assistance Program (SHIP) employees and volunteers)</p>	<p>Previous written consent has expired.</p>	<p>In order to access the beneficiary's record, the caller must provide the beneficiary's:</p> <ul style="list-style-type: none"> <li>• Full name</li> <li>• Date of birth</li> <li>• HIC number</li> <li>• One additional piece of information such as SSN, address, phone number, effective date(s), whether they have Part A and/or Part B coverage.</li> </ul> <p>Advise the caller that the written consent has expired.</p> <p>Obtain the beneficiary's verbal consent and/or develop for a new written consent.</p>	<p>Unless you receive a verbal consent, YOU MAY NOT release any claim information or answer any questions pertaining to the beneficiary.</p> <p>Advise the caller that the information is protected under the Privacy Act and it is for the beneficiary's protection that we will not release the information.</p> <p>However, if the caller has a question about a specific claim, see the instructions regarding release of information on a specific claim.</p>	<p>MCM Part 2 §5104 B.8</p> <p>MIM Part 2 §2958 B.8</p>
<p>A beneficiary's spouse, relative, friend or advocacy group is <b>requesting information on a specific claim</b></p>	<p>The beneficiary is not available to verbally consent for you to speak with the caller and there is no written consent on file, however the caller has the beneficiary's</p> <ul style="list-style-type: none"> <li>• Full name</li> <li>• Date of birth</li> <li>• HIC number</li> <li>• Information on a specific claim (service date, EOMB)</li> </ul>	<p>Suggest that the caller have the beneficiary forward written consent to the Call Center if he/she anticipates any need for future telephone contacts.</p>	<p>Release information only</p> <ul style="list-style-type: none"> <li>• on whether or not the claim has been received or processed, and</li> <li>• the date the beneficiary can expect to receive the EOMB or MSN.</li> </ul>	<p>MCM Part 2 §5104 B.8</p> <p>MIM Part 2 §2958 B.8</p>

## Disclosure Desk Reference for Call Centers

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
<p>A beneficiary's spouse, relative, friend or advocacy group (<u>excluding</u> State Health Insurance Assistance Program (SHIP) employees and volunteers)</p>	<p>The caller states that the beneficiary is deceased. You DO NOT have proof of death (i.e., date of death shown on Common Working File (CWF) or copy of death certificate).</p>	<p>In order to access the beneficiary's record, the contact must provide the beneficiary's:</p> <ul style="list-style-type: none"> <li>• Full name</li> <li>• Date of birth</li> <li>• HIC number</li> <li>• One additional piece of information such as SSN, address, phone number, effective date(s), whether they have Part A and/or Part B coverage.</li> </ul> <p>Advise the contact to notify SSA at 1-800-772-1213 that beneficiary is deceased.</p>	<p>YOU MAY NOT release any claim information or answer any questions pertaining to the beneficiary</p> <p>Advise the contact that the information is protected under the Privacy Act and it is for the beneficiary's protection that we will not release the information.</p> <p>However, if the caller has a question about a specific claim, see the instructions regarding release of information on a specific claim.</p>	<p>MCM Part 3 §10022</p> <p>MIM Part 3 §3767</p>
<p>A beneficiary's spouse, relative, friend or advocacy group (<u>excluding</u> State Health Insurance Assistance Program (SHIP) employees and volunteers)</p>	<p>The beneficiary is deceased and you have proof that the beneficiary is deceased (e.g., date of death shown on Common Working File (CWF) or copy of death certificate).</p>	<p>In order to access the beneficiary's record, the contact must provide the beneficiary's:</p> <ul style="list-style-type: none"> <li>• Full name</li> <li>• Date of birth</li> <li>• HIC number</li> <li>• One additional piece of information such as SSN, address, phone number, effective date(s), whether they have Part A and/or Part B coverage.</li> </ul>	<p>When a beneficiary is deceased, (and we have proof) they are no longer protected under the Privacy Act; therefore any information may be released as long as it is not harmful to the family or to the estate.</p> <p>(Note: The HIPAA privacy regulation will extend privacy protections to the deceased. The effective date for implementation of the privacy regulation is April 2003. )</p>	<p>MCM Part 3 §10022</p> <p>MIM Part 3 §3767</p>

Disclosure Desk Reference for Call Centers

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
<p>A HCFA employee</p>			<p>If the CSR is certain that they are speaking to a HCFA representative, the CSR may release any claim information and answer any questions pertaining to the beneficiary's Medicare coverage.</p> <p><b>NOTE:</b> Additional instructions on verifying the identity of the HCFA employee and that employee's right to the information requested will be issued in the near future.</p>	<p>45 CFR Subtitle A 5b.5 (v) MCM Part 3 §10020 E 2 MIM Part 3 §3764 E 2</p>
<p>Another Federal agency (e.g., SSA, VA, DoD) who needs the information to perform their duties</p>		<p>The caller must obtain the information directly from the beneficiary or the Call Center must have a verbal or written consent from the beneficiary in order to disclose any beneficiary-specific information.</p> <p>Otherwise the caller must send in a written request on official letterhead explaining the need for the information and why he/she cannot get it from the beneficiary.</p>	<p>Any immediate need for information via the telephone should be referred to the Call Center supervisor and/or Privacy Official to make the determination regarding the disclosure.</p>	<p>MCM Part 3 §10013 MIM Part 3 §3765 MCM Part 3 §10020 E 2 MIM Part 3 §3764 E 2 MCM Part 3 §10037 MIM Part 3 §3772</p>

## Disclosure Desk Reference for Call Centers

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
State Agencies administering Medicaid		Inform the caller that state agencies must get this information through the channels formerly referred to as BEST/CASF.	Advise the caller that instructions on the process can be found at < <a href="http://www.hcfa.gov/medicaid/smd90600.htm">www.hcfa.gov/medicaid/smd90600.htm</a> >	MCM Part 3 §10031 A MIM Part 3 §3770 < <a href="http://www.hcfa.gov/medicaid/smd90600.htm">www.hcfa.gov/medicaid/smd90600.htm</a> >
Other Health Insurer (other FIs and Carriers, other health insurance providers)	<p>The beneficiary has authorized the release of information for complementary health insurance purposes. This authorization may be either indicated on the billing and admission form or on a dated statement from the beneficiary. Such a statement must:</p> <ul style="list-style-type: none"> <li>• Authorize release of Medicare information</li> <li>• Designate to whom the release is authorized</li> <li>• Show that the release is for complementary insurance purposes</li> <li>• Indicate whether the authorization is for one-time or ongoing</li> <li>• Bear the signature of the beneficiary, the legal guardian or representative payee.</li> </ul>	<p>Refer the caller to the Coordination of Benefits contractor for all Medicare Secondary Payer (MSP) inquiries (<u>except claims-related questions</u>) including:</p> <ul style="list-style-type: none"> <li>• the reporting of potential MSP situations</li> <li>• changes in a beneficiary’s insurance coverage</li> <li>• changes in employment,</li> <li>• all other general MSP questions.</li> </ul> <p>COB contractor number 1-800-999-1118</p> <p>TTY/TDD 1-800-318-8782</p> <p>CSRs are available 8 am to 8 pm (Eastern Time)</p>	<p>Subject to necessary authorizations, only copies, extracts, or summaries, of the following information may be released on <u>claims-related</u> questions:</p> <ul style="list-style-type: none"> <li>• Part A and Part B billing forms</li> <li>• Explanation of benefits, “deductible not met” letters, and denial letters</li> <li>• Date of entitlement to Part A, date of enrollment under Part B, or date of Part B coverage.</li> </ul>	<p>MCM Part 3 10025 C MIM Part 3 3768 C Program Memorandum Intermediaries/Carriers Transmittal AB-00-129 Change Request 1460 dated 12/19/00</p>

Disclosure Desk Reference for Call Centers

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
<p>An institutional provider, physician, supplier, or other provider (received on the beneficiary inquiry line)</p>			<p>Refer the provider to the provider inquiry line.</p> <p>If your call center is blended (CSRs answer both beneficiary and provider inquiries simultaneously), you may answer the provider's inquiry according to the provider line guidelines. You may speak with that provider only about his/her own claims. You may not discuss other provider's claims.</p>	<p>MCM Part 3 §10021</p> <p>MIM Part 3 §3765</p>

## Disclosure Desk Reference for Call Centers

### GENERAL NOTES AND DEFINITIONS:

ACCESS – Releasing information in a Medicare record directly to the beneficiary to whom it pertains. A natural or adoptive parent of a minor child or legal guardian can also have access when acting on behalf of the individual. A minor child may access his/her own record. Any person may have access to information (except information related to diagnosis) maintained in his/her own record after identifying his/herself.

DISCLOSURE – Releasing information in a Medicare record to anyone other than the subject individual, legal guardian or parent of minor. The individual to whom the information pertains must consent to, or authorize, (either verbally or in writing) the disclosure of his/her personal information to the third party.

A REPRESENTATIVE PAYEE is a person or organization appointed by the Social Security Administration when it is determined that the beneficiary is unable (due to mental or physical incapability) to handle, manage or direct someone else to manage his/her own benefits, and it is determined to be in the best interest of the beneficiary to appoint a payee. The beneficiary does not have to be declared legally incompetent in order to use have a representative payee, however if a beneficiary is judged legally incompetent, they must have a payee. The representative payee may make any request or give any notice on behalf of the beneficiary. He/she may give or draw out evidence of information, get information, and receive any notice in connection with a pending claim or asserted rights. The payee has the responsibility to handle all matters related to Social Security and Medicare on behalf of the beneficiary.

A LEGAL REPRESENTATIVE is appointed by the beneficiary to handle specific areas of concern on his/her behalf. The legal representative may only receive information related to the reason he/she was appointed (i.e., health care decisions, financial matters, etc.). The beneficiary does not have to be unable to handle his/her affairs.

Certain individuals are entitled to Medicare but not entitled to Social Security benefits and are directly billed for the Medicare premium payments. If SSA determines that an individual is not capable of handling his/her premium payments, or at the individual's request, SSA will appoint a Premium Payer. A premium payer is similar to a representative payee and can be given information related to Medicare claims.

The State Health Insurance Assistance Program (SHIP) employees and volunteers are not addressed in these guidelines. Disclosure instructions for the SHIP employees and volunteers will be addressed as a separate issue. Continue your current practice until such instructions are published.

An individual who makes a request by telephone must verify his/her identity by providing identifying particulars, which parallel the record to which notification or access is being sought. If the CSR determines that the particulars provided by telephone are insufficient, the requestor will be required to submit the request in writing or in person. Telephone requests will not be accepted where an individual is requesting notification of, or access to, sensitive records such as medical records.

Always remember that access and disclosure involves looking at a Medicare record and giving out information. If you do not have to look at a record (for example, in explaining a letter), access and disclosure rules are not involved. General (that is, non beneficiary-specific) information may be discussed at any time with any caller.

Medicare Customer Service Center (MCSC) employees must follow the MCSC rules governing disclosure which requires CSRs to obtain at least four items of information to identify the beneficiary for claims information and six items when accessing the MBR or EDB. For consistency among contractors, we recommend that three of those items are the beneficiary's name, HIC number and date of birth.

## Disclosure Desk Reference for Call Centers

On all Medicare Customer Service Center (MCSC) calls dealing with Managed Care issues other than enrollment/disenrollment issues and dates, refer the contact to the Managed Care organization. You may not release any Managed Care claims information. NOTE: Representative payees are not authorized to enroll or disenroll beneficiaries in Managed Care Organizations, unless the representative payee has that authority under state law.

A written consent/authorization must:

- Be signed by the beneficiary and dated by the beneficiary
- Specify the individual, organizational unit, class of individuals or organizational units to which the information may be disclosed;
- Specify the records, information, or types of information that may be disclosed; and
- Indicate whether the consent is a one-time, a limited time, or an ongoing release.

For non-English speaking beneficiaries, you must obtain the beneficiary's identifying information and verbal consent (via the AT&T language line or similar service, or other interpreter) prior to speaking with the friend, relative, etc.

Blended call centers (those that answer both beneficiary and provider calls at the same place) may choose to answer provider calls on the beneficiary line if they have the ability to track the calls appropriately. Otherwise, they should refer the contact to the appropriate provider inquiry number.

When there is a systems problem that causes a claim to be rejected or denied, it is your responsibility to accept the information from the provider in order to make corrections that will allow the claim to be processed. It is at the discretion of the contractor as to whether certain types of calls may be referred to the provider representatives or whether to utilize the beneficiary representative to resolve the issue in the most cost effective and efficient manner.

If the Automated Voice Response (ARU) or Interactive Voice Response (IVR) system obtains the beneficiary's name, HIC number and DOB and one additional piece of information (such as SSN, address, phone number, effective date(s), whether they have Part A and/or Part B coverage) prior to the CSR answering, and this is evident to the CSR, it is not necessary to obtain that information again. The CSR should ask to whom they are speaking just to ascertain if it is the beneficiary or someone acting on the beneficiary's behalf.

For situations not specifically addressed here, the CSR should use his/her discretion, taking care to protect the beneficiary's privacy and confidentiality. Refer situations in which the CSR is unsure of whether or not to release information to his/her supervisor or to the organization's privacy official.