

Privacy and Disclosure of Beneficiary Information to Providers

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HOW TO USE THIS WORKBOOK

Overview

This course will enhance your knowledge of the Centers for Medicare & Medicaid Service's (CMS) privacy policies as it relates to physicians, providers, and suppliers (referred to as providers in this course) requesting beneficiary information. You will learn:

- The importance of protecting beneficiary's health-related information.
- How to authenticate the identity of providers who inquire about beneficiary information.
- How to determine what information may be disclosed to a provider.

Course Content

The course consists of the following five lessons. Lessons two through five contain exercises for telephone and written inquiries.

- 1. Introduction to the Privacy Act of 1974 and the HIPAA Privacy Rule**
- 2. Releasing Claims Information**
- 3. Releasing CMN or DIF Information**
- 4. Releasing Routine and Optional Eligibility Information**
- 5. Releasing Information for Preventive Services**

Mini-Tests

Mini-tests at the end of lessons two through five are included to help you apply the skills learned in each lesson. You should complete the

mini-tests by placing a check mark by the correct answer and then check your answers on the following page.

Knowledge Assessment

You can test your knowledge of the course material after finishing the last lesson by taking the Knowledge Assessment.

Answer the questions on the assessment and then go to the following page to check your answers.

Resources

You can reference the following resource while taking the course and use it as a job aid after completion:

Appendix A: Guides to Releasing Information to Provider

NOTE: This course is not intended to teach customer service skills. Though these skills are modeled where possible, calls are primarily intended to help you apply knowledge and skills related to the Privacy Act of 1974 and the HIPAA Privacy Rule.

INTRODUCTION TO THE PRIVACY ACT OF 1974 AND THE HIPAA PRIVACY RULE

Introduction

The Privacy Act of 1974 and the Privacy Rule issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), govern the requirements for how, when, and to whom the Centers for Medicare & Medicaid Services (CMS) staff can release beneficiary-specific information. As a CMS customer service representative (CSR), reviewer, supervisor, or manager, you must adhere to these requirements when responding to inquiries from providers.

The CMS developed guidelines and requirements for Provider Contact Centers to follow in order to ensure CSRs were adhering to all applicable privacy policies. This course will help CSRs apply these requirements when responding to inquiries from providers. See Appendix A to review this helpful document.

In this lesson, you will learn about the importance of the Privacy Act of 1974, the HIPAA Privacy Rule, and the steps you should follow to adhere to the privacy policy.

The Privacy Act of 1974

The Privacy Act of 1974 is the basis for CMS' privacy policy. It is a law that ensures confidentiality and protects a beneficiary's rights and information. The Privacy Act applies only to Federal agencies and their agents.

The purpose of the Privacy Act is to balance the Government's need to maintain information with the rights of individuals to their privacy.

The HIPAA Privacy Rule

Like the Privacy Act of 1974, the Privacy Rule issued under the HIPAA strikes a balance between permitting important uses of information and protecting the privacy of people who seek care and healing.

HIPAA required the Department of Health and Human Services (DHHS) to issue privacy regulations governing the use and disclosure of individuals' health information. The Privacy Rule established, for the first time, a set of national standards for the protection of certain health information.

The Privacy Rule:

- Addresses the use and disclosure of an individual's health information (called protected health information) by organizations subject to it.
- Sets standards for an individual's right to understand and control how his or her health information is used.

A major goal of the Privacy Rule is to ensure that an individual's health information is properly protected while allowing for the flow of health information needed to provide and promote high-quality health care and protect the public's health and well-being.

Designed to be flexible and comprehensive, HIPAA covers a variety of uses and disclosures that need to be addressed, such as electronic health care transactions.

The Importance of Adherence to the Privacy Act and the Privacy Rule

Beneficiaries entrust their personal information to Medicare. It is a violation of that trust to release information to anyone not authorized to receive it.

Furthermore, CSRs act as representatives of the Government and are required to adhere to CMS' privacy policy to maintain compliance with the Privacy Act and HIPAA.

Requirements for Disclosure

You must authenticate a provider's identity before releasing or disclosing any beneficiary-specific information. However, you may discuss general information that is not beneficiary/claim-specific (e.g., giving references or resources) without obtaining authentication from the provider.

Follow these three steps before disclosing any beneficiary/claim-specific information.

1. Authenticate the provider.
2. Authenticate the beneficiary.
3. Determine which elements to release.

Provider Authentication for Telephone Inquiries

The provider authentication elements for any telephone inquiry are the same regardless of whether they are made via telephone or Interactive Voice Response (IVR). The provider authentication elements needed for telephone inquiries are as follows.

1. The **IVR** will authenticate the provider's:
 - National Provider Identifier (NPI)
 - Provider Transaction Access Number (PTAN)
 - Last 5 digits of the provider's Tax Identification Number (TIN)
2. The **CSR** will authenticate the provider's:
 - NPI
 - PTAN
 - Last 5 digits of the provider's TIN

If you receive a call that was transferred from the IVR and the provider's data elements were authenticated in the IVR and passed to you, you do not need to re-authenticate the information.

In limited circumstances, there will be situations where providers will never be assigned an NPI. These situations may include retired/terminated providers. There also may be situations where an inquiry is made regarding a claim submitted by a provider who has since deceased. If a provider enters an NPI or NPI/PTAN pair that has been deactivated in the system, the IVR may be unable to authenticate the provider at the front end. Additionally, the provider may be able to be authenticated by the IVR, but if the claim was processed using a different NPI/PTAN pair that has since been deactivated, the IVR may not be able to find the claim and return claims status information. In such instances, since CSRs also authenticate using the NPI, CSRs shall authenticate on at least two additional data elements available in the provider's record, such as provider name, remittance address, and the provider master address before releasing information to the provider. It is important to remember that the inquirer must have given the last five digits of the TIN accurately prior to requesting two additional elements for authentication.

CSRs may allow up to three attempts for the caller to provide accurate authentication elements. After three attempts, refer the provider to either provider enrollment in cases of incorrect provider authentication elements, or to the beneficiary and/or the beneficiary's Medicare card in cases of incorrect beneficiary authentication elements.

Provider Authentication for Written Inquiries

For **written inquiries** authenticate the provider's:

- NPI
- PTAN
- Last 5 digits of the provider's TIN

For written inquiries received on the provider's official letterhead, including e-mails with an attachment on letterhead, authentication of the provider will be met if the provider's name and address are included in the letterhead and clearly establish the identity of the provider.

Therefore, the provider's practice location and name on the letterhead must match the contractor's files for the provider. In addition, the letter or e-mail shall match one of the following elements – NPI, PTAN, or last 5 digits of the TIN.

In the case of multiple addresses on the letterhead, authentication is met as long as one of the addresses matches the given name and information in the contractor's file. If none of the addresses match what is on the contractor's files, inform the provider and refer them to the provider enrollment department to ensure the correct addresses are on file.

Handling E-mail and Fax Inquiries

Written responses that contain beneficiary/claim-specific information must be made via regular mail or telephone. If you receive an inquiry via e-mail, assuming all authentication elements are present, you may notify the provider by e-mail that you will respond by mail or telephone and inform the provider that beneficiary/claim-specific information cannot be disclosed electronically and that, in the future, the provider must send a written inquiry through regular mail or use the IVR for beneficiary/claim-specific information.

If you receive an inquiry via fax, assuming all authentication elements are present, notify the provider in a written response on contractor letterhead that beneficiary/claim-specific information cannot be disclosed electronically and that, in the future, the provider must send a written inquiry through regular mail or use the IVR for beneficiary/claim-specific information.

If authentication elements are not included in a written inquiry, return the request by mail or call the provider. You may indicate which overall elements are missing or do not match for authentication as long as specific elements are not disclosed.

Beneficiary Authentication

For eligibility information, preventive services, and Certificate of Medical Necessity (CMN) or Durable Medical Equipment (DME) Information Form (DIF) information, obtain the beneficiary's:

- First name or initial
- Last name
- Health Insurance Claim Number (HICN)
- Date of birth

For claims information, obtain the beneficiary's:

- First name or initial
- Last name
- HICN
- Date of birth (before the claim is submitted) or date of service (after the claim is submitted)

The beneficiary's full first name is not required; however, the CSR shall use his/her discretion to verify that the beneficiary's first name given by the provider is a close enough match to the surname in the beneficiary's record being displayed. The surname needs to be an exact match. The full name must match so that there is no question that the name given by the provider is the same as that in the system. In some cases with names of foreign origin, the surname may be presented before the first name giving the impression that it is the first name and the first name the surname. Because the full name must match enough so that there is no question of its accuracy, it is required that the caller give the name in its proper order. For example, if the beneficiary says her name is Phoun Wu Xiou, her Medicare card may present her name as Xiou Phoun Wu. It is the CSR's responsibility to ensure that the caller gives the name in the proper order as Xiou Phoun Wu, not Phoun Wu Xiou. This means the CSR may allow the caller multiple tries to give the name accurately. However, it is imperative that the caller is not just guessing and giving names that are not even close to those on file. Another thing to remember is nicknames. If the caller gives a first name entirely different than what is on file, they may be giving the name given to them by the beneficiary. It is allowed that the CSR may suggest to the provider that he/she may be giving a nickname and to

check the Medicare card of the beneficiary in question. CSRs have the discretion to allow, or not allow any name given to them by the caller. CSRs must be entirely positive that by the name given to them by the caller, they are indeed referring to the same beneficiary. For any questions regarding the matching of names, or other authentication elements, you may contact the either the QCM mailbox at qcmscores@cms.hhs.gov/ or the QWCM mailbox at qwcmscores@cms.hhs.gov/ depending on the type of inquiry.

If certain elements are not correct, you may tell the inquirer which overall element does not match and ask him or her to check the beneficiary's record for the correct information. For example, you may say the date of birth is incorrect but not the day, month, or year.

If a different HICN displays on your screen when you enter the HICN supplied by the provider, you may release the new number.

For pre-claim information, written or verbal authorization is required from the beneficiary before you can release information. The requirements for this authorization may be found in the Guidelines for Written and Verbal Authorization job aid in Appendix A.

Determining Which Elements to Release

The type of information you may disclose to the provider depends upon the type of information requested:

- Claims
- Eligibility
- Preventive Services
- CMN or DIF

Each of these types of information requests will be discussed subsequent lessons.

NOTE: We have created the following lessons to best simulate real-life scenarios CSRs and correspondents encounter on a daily basis. Because we are not as familiar with the intricacies of telephone and written

inquiries, there may be elements unlikely to be encountered in true telephone or written inquiries. Please read the lessons and answer the questions knowing that the scenarios in this training module may not depict real-life.

KNOWLEDGE CHECK

Complete the following Knowledge Check to review the information in the Introduction to the Privacy Act of 1974 and the HIPAA Privacy Rule lesson.

Read each statement below and indicate **TRUE** or **FALSE** in the blank.

1. The Privacy Act of 1974 protects beneficiaries' confidential information. _____
2. Obtaining the provider's authentication information is one of the last things you should do during a phone call with a provider. _____
3. The HIPAA Privacy Rule only protects the rights of the living, not the rights of the deceased. _____
4. Before you release information to a provider, you must first authenticate both the provider and the beneficiary. _____
5. Beneficiary authentication elements may vary depending upon the nature of inquiry. _____
6. Written inquiries do not require provider authentication. _____
7. There may be times when the IVR and/or CSR's systems are unable to recognize a provider's NPI or NPI/PTAN pair. In these cases, the CSR may authenticate on at least two additional elements such as provider name, remittance address, and provider master address. _____

8. If an inquirer forgets their NPI, PTAN, or last 5 digits of the provider's tax ID, CSRs may choose to authenticate on at least two additional elements such as provider name, remittance address, and provider master address. _____
9. If a written inquiry is not on letterhead but contains the provider's valid NPI, PTAN, and last 5 digits of the tax ID, the requested beneficiary and/or claim specific information may be released.

10. If a written inquiry is on letterhead but the one-and-only address listed does not match what is in the contractor's file, the requested beneficiary and/or claim specific information may be released. _____

Check your answers on the next page.

Knowledge Check Answer Sheet

1. The Privacy Act of 1974 protects beneficiaries' confidential information. **TRUE**
2. Obtaining the provider's authentication information is one of the last things you should do during a phone call with a provider. **FALSE**
3. The HIPAA Privacy Rule only protects the rights of the living, not the rights of the deceased. **FALSE**
4. Before you release information to a provider, you must first authenticate both the provider and the beneficiary. **TRUE**
5. Beneficiary authentication elements may vary depending upon the nature of inquiry. **TRUE**
6. Written inquiries do not require provider authentication. **FALSE**
7. There may be times when the IVR and/or CSR's systems are unable to recognize a provider's NPI or NPI/PTAN pair. In these cases the CSR may authenticate on at least two additional elements such as provider name, remittance address, and provider master address. **TRUE**
8. If an inquirer forgets their NPI, PTAN, or last 5 digits of the provider's tax ID, CSRs may choose to authenticate on at least two additional elements such as provider name, remittance address, and provider master address. **FALSE**

9. If a written inquiry is not on letterhead but contains the provider's valid NPI, PTAN, and last 5 digits of the tax ID, the requested beneficiary and/or claim specific information may be released. **TRUE**
10. If a written inquiry is on letterhead but the one-and-only address listed does not match what is in the contractor's file, the requested beneficiary and/or claim specific information may be released. **FALSE**

Lesson Conclusion

Congratulations! You have successfully completed the Introduction to the Privacy Act of 1974 and the HIPAA Privacy Rule lesson. In the following lessons, you will have the opportunity to apply this knowledge to real-life scenarios and test your adherence to CMS' privacy policy.

RELEASING CLAIMS INFORMATION

Introduction

In the previous lesson, you learned how to authenticate the identity of a provider and a beneficiary. Once these steps are completed, you can determine what information you can release to a provider who inquires about a beneficiary's claim information.

In this lesson, you will review telephone and/or written inquiries made by providers to determine if privacy policy requirements are met.

Information to Release

The CMS releases beneficiary claims information only to help the provider bill Medicare properly.

For assigned claims, you may release any information on a claim or a related claim, including whether the claim was covered by Medicare as well as a supplemental insurer or private insurance (crossed-over).

If a claim is non-assigned, you may release information on the claim in question but not on any related claim.

Generally, you should speak to a provider about his or her own claims but you may also disclose information about another provider as long as both have a relationship to the beneficiary.

If an inquiry is received about information that is available on a remittance advice (RA), the CSR/correspondent shall advise the inquirer that the RA is needed in order to answer any questions for which the answers are available on the RA.

Take a few minutes to read the "Releasing Claims Information Guide" in Appendix A to learn more about the disclosure requirements. You will use this guide to help you with the exercises in this lesson.

Reviewing Provider Inquiries

On the following pages, you will review the transcripts of two telephone inquiries between a CSR and a caller, and then evaluate the CSR's adherence to privacy policy.

If you handle only written inquiries, you may go directly to the two written inquiries to dealing with claims information and then determine if disclosure requirements are met.

Each scenario will list the information contained in CMS records. You may need this information to determine how to handle the information requested.

Telephone Call #1

Provider Name:	NPI:	PTAN:	Last 5 Tax ID
Bedford County Hospital	4368905935	546078	94387

Beneficiary Name:	HICN:	Dates of Service:
Samuel MacDonald	325679015A	04/10/09 – 04/15/09

CSR – Thank you for calling Medicare. This is Bob. How may I help you today?

Caller – Good morning. This is Jane Delaney from Bedford County Hospital.

CSR – Good morning, Ms. Delaney. How may I help you?

Caller – I need information regarding a claim that has been rejected.

CSR – May I please have the NPI, PTAN, and last five digits of your tax identification number?

Caller – Sure. NPI is 4368905935, PTAN is 546078 and tax ID is 94387.

CSR – Thank you. May I please have the name of the beneficiary?

Caller – Sam MacDonald.

CSR – What is the name on the beneficiary's Medicare card?

Caller – Oh sorry, it is Samuel.

CSR – Correct. May I have Mr. MacDonald's Medicare number?

Caller – It is 325679015A.

CSR – Thank you. May I please the date of service?

Caller – They were 04/10/09 through 04/15/09.

CSR – There is an overlapping claim for Mr. MacDonald from another facility for the dates of service of 04/14/09 – 04/21/09. I cannot release the specific information because the service was from another facility. Please contact the beneficiary in order to obtain the overlapping claim information.

Evaluate the Call

1. Did the CSR correctly authenticate the identity of the provider?

- A. Yes
- B. No

2. Was the CSR correct to not accept Sam as the beneficiary's first name and to prompt the caller for the name on the Medicare card?

- A. Yes
- B. No

3. Was the CSR correct by not releasing information to Jane?

- A. Yes
- B. No

Go to the next page to check your answers.

Answer Sheet

1. Did the CSR correctly authenticate the identity of the provider?

- A. Yes
- B. No

Answer: Yes. The CSR must obtain the NPI, PTAN, and last five digits of the provider's tax identification number for authentication.

2. Was the CSR correct to not accept Sam as the beneficiary's first name and to prompt the caller for the name on the Medicare card?

- A. Yes
- B. No

Answer: Yes. The name given by the caller should match that on the Medicare card which in turn, will match what is in the contractor's file.

3. Was the CSR correct in not releasing information to Jane?

- A. Yes
- B. No

Answer: No. The CSR should have disclosed the requested information since both providers have a relationship with the beneficiary. The CSR could have released the facility's name, provider number, address, and telephone number if available.

Telephone Call #2

Provider Name: OB/GYN of Southern York
NPI: 3955677461
PTAN: 537364
Last 5 Tax ID 72254

Beneficiary Name: Betty Gould
HICN: 789764321A
Date of Service: 4/15/09

CSR – Thank you for calling Medicare. This is Mary.

Caller – This is Susan Wright calling for Dr. Salmon. I have a claim denial for services provided to one of our patients.

CSR – What’s your NPI and PTAN?

Caller – NPI is 249542648 and our PTAN is 537364.

CSR – I’m sorry but I am not finding a match in our system. What was your NPI again?

Caller – 249542648.

CSR – I’m sorry but that is not what we have showing with the PTAN you gave.

Caller –What....?

CSR – You gave me a group PTAN, but an individual NPI. I need your group NPI.

Caller – Oh! I see. The group NPI is 3955677461.

CSR – Thank you. What is the beneficiary’s name, Medicare number, and date of service?

Caller – Betty Gould, 789764321A, and 4/15/09.

CSR – Thank you. What does your remittance say about the denial?

Caller – The remittance says a missing/incomplete/invalid condition code.

CSR – Thank you. Please hold two to four minutes while I research this for you.

Evaluate the Call

1. Did the CSR authenticate the call correctly?

- A. Yes
- B. No

2. What should the CSR have done in this situation?

- A. Refuse to provide the requested information.
- B. Give the requested information since all other authentication elements were given.
- C. Ask for the last five digits of the tax identification number.
- D. Ask for two additional authentication elements.

3. If the authentication had been correctly verified, did the CSR handle the inquiry correctly?

- A. Yes
- B. No

Go to the next page to check your answers.

Answer Sheet

Did the CSR authenticate the call correctly?

- A. Yes
- B. No**

Answer: No, the CSR failed to authenticate all necessary provider elements.

2. What should the CSR have done in this situation?

- A. Refuse to provide the requested information.
- B. Give the requested information since all other authentication elements were given.
- C. Asked for the last five digits of the tax identification number.**
- D. Ask for two additional authentication elements.

Answer: For all telephone inquiries, providers shall be authenticated with the NPI, PTAN, and last five digits of the tax ID.

3. If the authentication had been correctly verified, did the CSR handle the inquiry correctly?

- A. Yes**
- B. No

Answer: Yes. The CSR first asked what the remittance said. She would then further explain the reason for denial.

Written Inquiry #1

Provider Name:	Address:	NPI:	Last 5 PTAN:	Tax ID:
Dr. David Richie	4239 Country Club La Beverly Hills, CA 90210	3955677461	5641FS	64917

Beneficiary Name:	HICN:	Date of Service:
Florence Conway	265459994A	6/24/09

Official Letterhead:

Dr. David Richie
4239 Country Club Lane
Beverly Hills, CA 90210

Date: 8/30/09

I'm sending you a copy of my patient's MSN that shows that the service rendered on 6/24/09 was denied. Please respond with the reason for claim denial. Below is the additional information needing for authorization.

Patient: Florence Conway
HICN: 265459994A
Date of Service: 6/24/09
Claim Denied On: 7/18/09

Determine Disclosure

1. Do you have enough information to authenticate the identity of the beneficiary?

- A. Yes
- B. No

2. Can you respond to the inquiry as requested?

- A. Yes
- B. No

3. What information should you give to the provider regarding future inquiries?

- A. Inquiries should be made by telephone only.
- B. E-mail is the preferred method of communication.
- C. All written inquiries on official letterhead need to contain either the NPI, PTAN, or last five digits of the tax ID.
- D. Written inquiries must always be on official letterhead.

Go to the next page to check your answers.

Answer Sheet

1. Do you have enough information to authenticate the identity of the beneficiary?

- A. Yes
- B. No

Answer: Yes. The inquiry contains the beneficiary's name, HICN, and date of service.

2. Can you respond to the inquiry as requested?

- A. Yes
- B. No

Answer: No. Although the inquiry is on official letterhead it does not contain one of the provider authentication elements: NPI, PTAN, or last five digits of the tax ID.

3. What information should you give to the provider regarding future inquiries?

- A. Inquiries should be made by telephone only.
- B. E-mail is the preferred method of communication.
- C. All written inquiries on official letterhead need to contain either the NPI, PTAN, or last five digits of the tax ID.**
- D. Written inquiries must always be on official letterhead.

Answer: All written inquiries on official letterhead need to contain either the NPI, PTAN, or last five digits of the tax ID.

Written Inquiry #2

Provider Name:	Address:	NPI:	PTAN:	Last 5 Tax ID:
Dr. Timothy Hogan	4400 Section Rd Rock Falls, MI 40169	3955677461	65465W	04323

Beneficiary name:	HICN:	Date of service:
Benie Wrightman	26545999A	7/22/09

Letter with a Remittance Advice Attached

September 12, 2009,

To whom it may concern,

This attached remittance advice concerns a claim that has been reduced. The following information may be helpful in responding to this inquiry.

Patient name: Ethel Van Meter
HICN: 999654237B
Date of service: 07/22/09

Please respond with the reason this claim has been reduced.

Thank you for your assistance.
Dr. Tim Hogan, MD
NPI: 3955677461

Determine Disclosure

1. Do you have enough information to authenticate the identity of the provider?

- A. Yes
- B. No

2. Would you be able to respond if the inquiry had contained the last five digits of the tax ID instead of the NPI?

- A. Yes
- B. No

3. Should you release the requested information?

- A. Yes
- B. No

Go to the next page to check your answers.

Answer Sheet

1. Do you have enough information to authenticate the identity of the provider?

- A. Yes
- B. No

Answer: No. The inquiry was not on letterhead and only contained the NPI. Since the inquiry was not on letterhead, all three authentication elements must be present: NPI, PTAN, and last five digits of the tax identification number.

2. Would you be able to respond if the inquiry had contained the last five digits of the tax ID instead of the NPI?

- A. Yes
- B. No**

Answer: No. For written inquiries not on letterhead, the inquiry must contain all three provider authentication elements: the NPI, PTAN, and last 5 digits of the tax ID.

3. Should you release the requested information?

- A. Yes
- B. No**

Answer: No. You should send the inquiry back to the provider informing them of the missing authentication elements.

Lesson Conclusion

Great job! You have now successfully completed the lesson on Releasing Claims Information. In the next lesson, you will learn about what you can release for CMN or DIF information requests.

RELEASING CMN OR DIF INFORMATION

Introduction

In this lesson you will review telephone and/or written inquiries, made by providers, to determine if privacy policy requirements are met for disclosure of elements from a Certificate of Medical Necessity (CMN) or a durable medical equipment (DME) Information Form (DIF).

Information to Release

CMS releases CMN and DIF information only to help the provider bill Medicare properly. You can release the following elements about a CMN or DIF:

- Initial date
- Recertification date
- Length of need
- Other elements necessary to properly bill Medicare

Read the "Releasing CMN or DIF Information Guide" in Appendix B to learn more about the disclosure requirements. You will use this guide to help you with the exercises in this lesson.

Reviewing Provider Inquiries

On the following pages, you will review the transcripts of two telephone inquiries between a CSR and a caller and then evaluate the CSR's adherence to privacy policy.

If you handle only written inquiries, you may go to review the two written inquiries dealing with CMN or DIF information and then determine if disclosure requirements are met.

Each scenario will list the information contained in CMS records. You may need this information to determine how to handle the information request.

Telephone Call #1

Provider Name: Equipments ' R Us **NPI:** 5521498421 **PTAN:** 45428 **Last 5 Tax ID:** 76789

Beneficiary name: Xiou Phong Hou **HICN:** 678984444A **Date of Birth:** 2/02/17 **Date of Service:** 05/10/09

CSR – Thank you for calling Medicare. My name is Tim. How may I be of assistance today?

Caller – Hello. This is Jerry from Equipments 'R Us. I have a claim here for a walker that I'm certain was incorrectly denied.

CSR – I'll be glad to look into that for you. But first I need some information about the provider.

Caller – Sure. Our NPI is 5521498421. The code for the walker is X1234.

CSR – Okay, now I need your PTAN and the last five digits of your tax identification number.

Caller – The PTAN is 45428 and the last five digits of the tax ID is 43951.

CSR – Great. Now for some information about the beneficiary.

Caller – His name is Hou Xiou Phong, his Medicare number is 6789844444A, and the service date was 05/10/08.

CSR – I'm sorry Jerry but the name you gave me does not match what my files say.

Caller – How about Phong Hou Xiou?

CSR – No, I’m sorry, that does not match either. Would you like to try again?

Caller - Xiou Phong Hou?

CSR – Yes, that’s a match. Now what does your remittance say about the claim?

Caller – The remittance says missing/incomplete/invalid attending, ordering, rendering, supervising, or referring physician identification.

CSR – Okay sir, let me pull up the claim and see what is going on.

Evaluate the Call

1. Did the CSR correctly authenticate the provider?

- A. Yes
- B. No

2. Did the CSR correctly authenticate the beneficiary?

- A. Yes
- B. No

3. Did the CSR handle the inquiry correctly?

- A. Yes
- B. No

Go to the next page to check your answers.

Answer Sheet

1. Did the CSR ask for the correct provider authentication elements?

- A. Yes
- B. No

Answer: Yes. The CSR requested the provider's NPI, PTAN and the last five digits of the tax ID.

2. Did the CSR correctly authenticate the beneficiary?

- A. Yes
- B. No

Answer: Yes. The beneficiary's name was not given correctly the first two tries. The CSR was correct to allow the caller to try giving the beneficiary's name again correctly so it matched what was in the contractor's file.

3. Other than authentication of the beneficiary, did the CSR handle the inquiry correctly?

- A. Yes
- B. No

Answer: No. The last five digits of the tax ID did not match the contractor's file. The CSR should have told the caller that the last five digits of the tax ID did not match and given him up to two more attempts to give a valid number. Contractors are allowed to give inquirers up to three attempts for to provide correct authentication elements.

Telephone Call #2

Provider name: NPI: PTAN: Last 5 Tax ID:
Meds Inc. deactivated deactivated 42136

Beneficiary Name: HICN: Date of birth: Date of service:
Jack Werner 125648256A 6/19/25 5/17/09

CSR – Thank you for calling Medicare, my name is Judith. How may I help you today?

Caller – This is Lacey. We had a claim for oxygen deny. Can you help us?

CSR – I’ll try my best. Could I have your NPI, PTAN, and last five digits of the supplier’s tax identification number please?

Caller – Sure. The NPI is 8515793625, the PTAN is 39546, and the last five of the tax ID is 42136.

CSR – I’m sorry but my records aren’t showing either NPI or PTAN. Would you try again please?

Caller – Try 7645965424, 68542, and 42136.

CSR – Sorry, I still can’t find a match. Is there another group name, or individual supplier it may be listed under? Actually, I can’t find your provider in here anywhere or either numbers.

Caller – No. Ever since you Medicare people changed things, we have had problems with our NPIs and PTANs not being recognized.

CSR - Okay ma’am. We will authenticate the supplier through a different way. Bear with me please. I will need to authenticate one other element since you already gave me the last five digits of the tax

ID. The other elements I can use for authentication are remittance address and provider master address. Which of the two can you verify?

Caller – Uh...hang on. Let me get the remittance address.

CSR – Great! That works.

Evaluate the Call

1. Did the CSR originally ask for the correct provider authentication elements?

- A. Yes
- B. No

2. Was the CSR correct to allow authentication through additional data elements?

- A. Yes
- B. No

3. Was the CSR correct to ask for only one additional data element?

- A. Yes
- B. No

Go to the next page to check your answers.

Answer Sheet

1. Did the CSR originally ask for the correct provider authentication elements?

- A. Yes
- B. No

Answer: Yes. The CSR asked for the NPI, PTAN, and last five digits of the tax ID.

2. Was the CSR correct to allow authentication through additional data elements?

- A. Yes
- B. No

Answer: Yes. The CSR's system showed that the supplier's NPI and PTAN were deactivated and then, the caller made the comment about problems with their NPI and PTAN being recognized. Since it was clear that there was a problem, the CSR used good judgment by allowing the inquiry to proceed after authenticating on additional elements.

3. Was the CSR correct to ask for only one additional data element?

- A. Yes
- B. No

Answer: No. Since the last five digits of the tax ID is now a permanent authentication piece, it is no longer used as an additional element. The CSR should have asked for two of the following additional provider authentication elements: provider name, remittance address, and master address.

Written Inquiry #1

Provider name:	Address:	NPI:	PTAN:	Last 5 Tax ID:
InfoMed Inc.	50 Glenville Rd Houcksville, IN 19374	5545693887	64547	44635

Beneficiary name:	HICN:	Date of birth:	Date of service:
Dominic Parillio	555698789A	08/05/42	4/15/09

Letter

July 25, 2009

To whom it may concern:

One of our clients, Mr. Dominic Parillio's claim for enteral nutrition denied due to missing information. We would like to know why this claim was denied when Mr. Parillio's other claim submitted for the exact same thing, on the very same day, was paid. We believe Medicare has made a mistake. Mr. Parillio's information is as follows:

HICN: 555698789A
Date of Birth: 08/05/42
Date of Service: 4/15/09

Thank you,

Richard Tweeter
NPI: 5545693887
PTAN: 64547

Determine the Response

1. Do you have enough information to authenticate the provider?

- A. Yes
- B. No

2. Do you have enough information to authenticate the beneficiary?

- A. Yes
- B. No

3. Can you release the requested information?

- A. Yes
- B. No

Go to the next page to check your answers.

Answer Sheet

1. Do you have enough information to authenticate the provider?

- A. Yes
- B. No**

Answer: No. The inquiry was not written on letterhead and therefore the provider must supply all three provider authentication elements: NPI, PTAN and last five digits of the tax ID. For this inquiry, the provider needed to also include the last five digits of the tax ID in addition to the NPI and PTAN.

2. Do you have enough information to authenticate the beneficiary?

- A. Yes**
- B. No

Answer: Yes. All beneficiary authentication elements are present.

3. Can you release the requested information?

- A. Yes
- B. No**

Answer: No. You may not release the requested information to the provider. The inquiry did not contain the last five digits of the tax ID, in addition to the NPI and PTAN. In order for provider authentication to occur for a written inquiry not on letterhead, the written inquiry must include a valid NPI, PTAN, and last five digits of the tax ID.

Written Inquiry #2

Provider name:	Provider Address:	NPI:	PTAN:	Last 5 Tax ID:
Medsply Corp.	8900 Las Palomas Ave. San Diego, CA 98874	3545693822	21972	32341

Beneficiary name:	HICN:	Date of birth:	Date of service:
Miguel Santiago	564129873A	10/11/29	7/15/09

Letter on Letterhead:

Medsply Corp.
8900 Las Palomas Ave.
San Diego, CA 98874
NPI: 3545693822
Tax ID: 32341

July 28, 2009

To whom it may concern,

We have a patient who is requesting enteral formula from us. We have tried several times to obtain information from the previous supplier with no success. Even though we have not submitted any claims to Medicare for this beneficiary, could you please supply the last revised/recertification CMN shown on file and the number of calories prescribed? The beneficiary's information is as follows:

Name: Miguel Santiago
HICN: 564129873A
Date of Service: 7/15/09

Determine Disclosure

1. Do you have enough information to authenticate the beneficiary?

- A. Yes
- B. No

2. Which provider authentication element is missing?

- A. NPI
- B. None
- C. Last 5 digits of the tax ID
- D. Provider Name

3. If you could authenticate the beneficiary, could you provide the requested information to the supplier?

- A. Yes
- B. No

Go to the next page to check your answers.

Answer Sheet

1. Do you have enough information to authenticate the beneficiary?

- A. Yes
- B. No**

Answer: No. The inquiry is on a pre-claim basis; therefore, the date of birth is required.

2. Which provider authentication element is missing?

- A. NPI
- B. None**
- C. Last 5 digits of the tax ID
- D. Provider Name

Answer: The inquiry is on official letterhead; therefore, only one of the following provider authentication elements is needed: NPI, PTAN, or last five digits of the tax identification number.

3. If you could authenticate the beneficiary, could you provide the requested information to the supplier?

- A. Yes
- B. No**

Answer: No. Even though the provider was authenticated by including at least one provider authentication element on the official letterhead containing the provider name and address, the supplier was requesting pre-claim information. Written or verbal authorization from the beneficiary is needed for pre-claims information.

Lesson Conclusion

Great job! You have now successfully completed the lesson on Releasing CMN or DIF Information. In the next lesson, you will learn about what you can release for eligibility information requests.

ELIGIBILITY INFORMATION: RELEASING ROUTINE AND OPTIONAL ELIGIBILITY INFORMATION

Introduction

In this lesson you will review telephone and/or written inquiries, made by providers, to determine if privacy policy requirements are met for disclosure of beneficiary eligibility.

Information to Release

CMS releases eligibility information only to help the provider bill Medicare properly. You should not answer inquiries from Medicare Advantage Plans, Advantage Prescription Drug Plans, or Medicare Prescription Drug Plans.

Read the "Releasing Routine Eligibility Information Guide" and "Releasing Optional Eligibility Information Guide" in Appendix A to learn more about the disclosure requirements. You will use this guide to help you with the exercises in this lesson.

Reviewing Provider Inquiries

On the following pages, you will review the transcripts of two telephone inquiries between a CSR and a caller and then evaluate the CSR's adherence to privacy policy.

If you handle only written inquiries, you may go to review the two written inquiries dealing with eligibility information and then determine if disclosure requirements are met.

Each scenario will list the information contained in CMS records. You may need this information to determine how to handle the information request.

Telephone Call #1

Provider Name:	NPI:	PTAN:	Last 5 Tax ID:
Monroe County Hospice	deactivated	324546	74125

Beneficiary name:	HICN:	Date of birth:
Marshal Drake Jr.	123456789A	1/25/15

CSR – Thank you for calling Medicare. My name is Jason. How may I be of assistance today?

Caller – Hello. This is Joseph Walker and need some MSP information.

CSR – Okay Mr. Walker. Could I first please have your NPI, PTAN, and last five digits of the tax identification number?

Caller – Our NPI is 896754812, PTAN is 324546, and last five of the tax ID is 74125.

CSR – I’m sorry, but I don’t see an active NPI for that provider. I do see that the PTAN and last five digits of the tax ID match. For authentication purposes, would you please give me two of the following: provider name, provider remittance address, provider master address.

Caller – The provider name is Monroe County Hospice and the remittance address is 50 Donohue Drive, Humboldt, MI 78426.

CSR – Thank you Mr. Walker. Can I have the beneficiary’s name, Medicare number, and date of birth?

Caller – Sure. His name is Mr. Marshal Drake Jr. His Medicare number is 123456789A and his date of birth is January 15, 1915.

CSR – Mr. Walker, I am sorry but that date if birth is incorrect.

Caller – Sorry, let me look again. His date of birth should be January 25, 1915.

CSR – That is correct. How can I help you today?

Caller – Does Mr. Walker have an HMO?

CSR – Yes he does.

Caller – Could I please have the name and address of the HMO?

CSR – Sure. It is.....

Evaluate the Call

1. Did the CSR correctly authenticate the provider?

- A. Yes
- B. No

2. Should the CSR have asked for the date of birth correction?

- A. Yes
- B. No

3. Was the CSR correct by disclosing the name and address of the HMO?

- A. Yes
- B. No

Go to the next page to check your answers.

Answer Sheet

1. Did the CSR correctly authenticate the provider?

- A. Yes
- B. No

Answer: Yes. The CSR asked for the provider's NPI, PTAN, and last five digits of the tax ID. When he saw that the provider's NPI was deactivated, he asked for two provider authentication additional elements.

2. Should the CSR have asked for date of birth correction?

- A. Yes
- B. No

Answer: Yes. The CSR is permitted to tell the provider which overall element was incorrect (i.e., the date of birth) but not the actual portion that was incorrect (i.e., day and year).

3. Was the CSR correct by disclosing the name and address of the HMO?

- A. Yes
- B. No

Answer: Yes. The CSR correctly answered yes to the original question and only provided additional information when prompted by the caller.

Whether or not your contact center routinely releases full MSP information or requires the provider to prompt for this information depends upon the frequency/quantity of these types of inquiries. It is up to the discretion of the contractors to the process by which these types of inquiries shall be handled.

Telephone Call #2

Provider name: Dr. Michael Whitman from ABC General Practitioners
NPI: 2315644624
PTAN: 65436S
Last 5 Tax ID: 90210

Beneficiary name: Kimberly Connor
HICN: 123452567B
Date of birth: 1/15/1925

CSR – Thank you for calling. My name is Judith. How may I help you today?

Caller – This is Mary Rubenstein from Dr. Whitman’s office and I need to know if there are any lifetime psychiatric days remaining for one of our patients.

CSR – Certainly. May I first have your NPI, PTAN, and the last five digits of the tax identification number please?

Caller – Our NPI number is 2315644624, our PTAN is 65436S, and I don’t remember what the tax ID is.

CSR – Okay. In that case, can you tell me what the master address or remittance address is for the provider?

Caller – Sure, it is

CSR – Great. Now can I have the patient’s name, Medicare number and date of birth?

Caller – Her name is Kimberly Connor, born January 15, 1925 and her Medicare number is 123452567B

CSR – Thank you. Let me look up that information for you.

CSR – Kimberly Connor has not used any of her lifetime psychiatric days.

Evaluate the Call

1. Which of the following elements are needed to authenticate the beneficiary for this type of inquiry?

- A. Date of Birth
- B. Date of Service

2. Was the CSR correct to ask for an additional authentication element?

- A. Yes
- B. No

3. Should the CSR have disclosed the information?

- A. Yes
- B. No

Go to the next page to check your answers.

Answer Sheet

1. 1. Which of the following elements are needed to authenticate the beneficiary for this type of inquiry?

- A. Date of Birth
- B. Date of Service

Answer: The date of birth is needed to disclose eligibility information.

2. Was the CSR correct to ask for an additional authentication element?

- A. Yes
- B. No

Answer: No. Requesting additional elements are reserved for instances when the provider NPI or NPI/PTAN pair are not found or deactivated in the system, not in cases where the inquirer cannot remember. In addition, without the last five digits of the TIN, authentication should go no further. The last five digits of the TIN is required prior to requesting two additional elements.

3. Should the CSR have disclosed the information?

- A. Yes
- B. No

Answer: No. The CSR should not have released the information because it was not needed to bill Medicare properly. The physician's office is not a psychiatric facility so would not bill Medicare for inpatient psychiatric services.

Written Inquiry #1

Provider names:

Dr. Edward Smith, Provider Partners NE
Dr. Andrea Crichton, Provider Partners NE

Provider addresses:

566 Century Rd.
Pawtucket, RI 00254

Dr. Lori Daniels, Provider Partners NW
Dr. Richard Harrison, Provider Partners NW
Dr. Eric Watts, Provider Partners NW

8898 Harbor Ave.
Island, CT 02251

NPI:

4555644123 (NE)
5467097897 (NW)

PTAN:

64367G (NE)
68436D (NE)
93252F (NW)
96324A (NW)
86557Z (NW)

Last 5 Tax ID:

45624

68426

Beneficiary name:

Lei Quong

HICN:

569487216B

Date of birth:

3/03/1924

Letter on Official Letterhead

Dr. Edward Smith
Provider Partners Provider Partners
566 Century Road NW 8898 Harbor Ave. NE
Pawtucket, CT 02251 Pawtucket, CT 00254
NPI: 5467097897 PTAN: 96324A Tax ID: 68426

June 12, 2009

To whom it may concern:

This letter is to check on MSP information for one of our patients.
Please provide us the insurer name, policy number and effective dates.

Data you will need is:

Name: Lei Quong

HICN: 569487216B

Date of Birth: March 3, 1924

Determine the Response

1. Do you need the NPI, PTAN, and last five digits of the tax identification number to authenticate the provider?

- A. Yes
- B. No

2. Do you have enough information to authenticate the beneficiary?

- A. Yes
- B. No

3. Can you release the requested information?

- A. Yes
- B. No

Go to the next page to check your answers.

Answer Sheet

1. Do you need the NPI or PTAN to authenticate the provider?

A. Yes

B. No

Answer: No. All three provider authentication elements are not needed since the inquiry is on official letterhead. Only one provider authentication element is needed: NPI, PTAN, or last five digits of the tax identification number.

2. Do you have enough information to authenticate the beneficiary?

A. Yes

B. No

Answer: Yes. You have all the necessary information to authenticate the beneficiary.

3. Can you release the requested information?

A. Yes

B. No

Answer: Yes. You can release the requested eligibility information. The provider has a relationship with the beneficiary and the information requested is for the purpose of submitting an accurate claim to Medicare.

Written Inquiry #2

Provider name:

Dr. Patrick Scott

Provider address:

State University of New Jersey Hospital
662 Cherry Lane
Trenton, NJ 55565

NPI:

4555644123

PTAN:

983409

Last 5 Tax ID:

89345

Beneficiary name:

Ryan Drew

HICN:

225369845A

Date of birth:

5/02/1945

Letter on Official Letterhead

Dr. Patrick Scott
Chief of Surgery
State University of New Jersey Hospital
NPI: 4555644123

September 25, 2009

Please provide the name and address of the HMO for one of our patients. Here is the patient's information:

Name: Ryan Drew
HICN: 225369845A
Date of Birth: 5/02/1945

Determine the Response

1. Do you have enough information to authenticate the provider?

- A. Yes
- B. No

2. What data element are you missing?

- A. Last five digits of the tax identification number and PTAN
- B. Address
- C. PTAN
- D. Last five digits of the tax identification number

3. If all provider authentication elements were present and verified, could you disclose the requested information?

- A. Yes
- B. No

Go to the next page to check your answers.

Answer Sheet

1. Do you have enough information to authenticate the provider?

A. Yes

B. No

Answer: No.

2. What data element are you missing?

A. Last five digits of the tax identification number and PTAN

B. Provider address

C. PTAN

D. Last five digits of the tax identification number

Answer: Provider address. All written inquiries on letterhead must contain a valid provider name and address, as well as one of the following three provider authentication elements: NPI, PTAN, and last five digits of the tax identification number.

3. If all provider authentication elements were present and verified, could you disclose the requested information?

A. Yes

B. No

Answer: Yes. You can disclose secondary insurance information for purposes of facilitating accurate claim submission and billing.

Lesson Conclusion

Great job! You have now successfully completed the lesson on Releasing Eligibility Information. In the next lesson you will learn about what you can release for preventive services information requests.

RELEASING PREVENTIVE SERVICES INFORMATION

Introduction

In this lesson you will review telephone and/or written inquiries, made by providers, to determine if privacy policy requirements for disclosure of preventive services information are met.

Information to Release

CMS releases preventive services information only to assist providers in determining a beneficiary's eligibility for these services and to bill Medicare properly.

Take a few minutes to read the "Releasing Preventive Services Information Guide" in Appendix A to learn more about releasing preventive services information. You will use this guide to help you with the exercises in this lesson.

Reviewing Provider Inquiries

On the following pages you will review the transcripts of two telephone inquiries between a CSR and a caller and then evaluate the CSR's adherence to privacy policy.

If you handle only written inquiries, you may go review the two written inquiries dealing with preventive service information and then determine if disclosure requirements are met.

Each scenario will list the information contained in CMS records. You may need this information to determine how to handle the information request.

Telephone Call #1

Provider name: Dr. Sara Soulffer
NPI: deactivated
PTAN: deactivated
Last 5 Tax ID: 75692

Beneficiary name: Joe Hyde
HICN: 123456789T
Date of birth: 06/21/56

CSR – Thank you for calling Medicare, this is Elaine. How may I help you?

Caller – This is Sheldon Winkers from Dr. Soulffer’s gastroenterology office. We would like to know who performed the last colorectal screening for a new patient of ours.

CSR – I’ll be happy to help you, but in order to answer your questions, I’ll need to get Dr. Soulffer’s NPI, PTAN, and last five digits of his tax ID.

Caller – Certainly, her NPI is 0594548245, the PTAN is 65441S, and the last five numbers of her tax ID are 75692.

CSR – I’m sorry but my system shows that the NPI and PTAN are deactivated. I can verify the provider if you will please provide two of the following items: provider name, remittance address and provider master address.

Caller – The provider’s name is Sara Soulffer and the remittance address is

CSR – Thank you. Now may I have the name, date of birth, and Medicare number for your new patient?

Caller – Yes. His name is Joe Hyde, his date of birth is 6/21/56 and his HICN is 123456789T. And, by the way, I would also like to know when Mr. Hyde will be eligible for his next colorectal screening.

CSR – Thank you Mr. Winkers. Please hold for one moment.

CSR – Thank you for holding, unfortunately, I am not able to release that information because the doctor has not submitted any claims for the beneficiary.

Evaluate the Call

1. Was the CSR correct in authenticating the provider with additional elements?

- A. Yes
- B. No

2. Was the CSR correct by denying the caller information?

- A. Yes
- B. No

3. Was the CSR's reason for not releasing the information correct?

- A. Yes
- B. No

Check your answers on the next page.

Answer Sheet

1. Was the CSR correct in authenticating the provider with additional elements?

- A. Yes
- B. No

Answer: Yes. The CSR's system showed that the NPI and PTAN were deactivated. In these types of circumstances it is allowable for the CSR to verify with two of the following additional provider authentication elements: provider name, provider master address, and remittance address.

2. Was the CSR correct by denying the caller the next eligible date?

- A. Yes
- B. No

Answer: No. The CSR could have given the next eligible date in order for the provider to determine when the patient is eligible for his next colorectal screening.

3. Was the CSR correct for denying the caller the name of the provider who performed the last colorectal screening for the beneficiary?

- A. Yes
- B. No

Answer: Yes. Since the beneficiary was a new patient, no relationship had been established. Without written or verbal consent from the beneficiary, the CSR was not authorized to release any information. The CSR could have released the name of the provider who performed the last colorectal screening only if the beneficiary had given verbal or written consent.

Telephone Call #2

Provider name: Dr. Thomas Reed **NPI:** 4465329435 **PTAN:** 98736J **Last 5 Tax ID:** 32301

Beneficiary name: Markus Holmes **HICN:** 853697425A **Date of birth:** 11/02/30

CSR – Thank you for calling Medicare, this is Sara. How may I help you?

Caller – This is Marcia Toro from Dr. Reed’s office. We have a patient whose claim was denied and we would like to know the date of his last prostate screening.

CSR – I will be happy to help, but first I need some more information.

Caller – Sure, our NPI number is 4465329435 and our PTAN is 98736J.

CSR – Thank you. I also need the last five digits of the provider’s tax identification number.

Caller – It is 32301.

CSR: Thank you. Now I need some data about the patient.

Caller – I have that information ready as well. The patient’s name is Mark Holmes. His HICN number is 853697425A and his date of service for the claim is 11/12/08.

CSR – Thanks. You certainly were well prepared. Let me pull up the file.

CSR – I am sorry, Ms. Toro but I can not release that information because the patient’s first name does not match our records.

Evaluate the Call

1. Which beneficiary element was missing for authentication?
 - A. Medicare number
 - B. Date of birth
 - C. Date of service that was denied

2. What should the CSR do if the first name doesn't match exactly?
 - A. Refuse to provide information
 - B. Match of the first name is unimportant
 - C. Use discretion if all other elements are correct

3. Could the CSR have released the requested information if the caller and beneficiary were correctly authenticated?
 - A. Yes
 - B. No

Check your answers on the next page.

Answer Sheet

1. Which beneficiary element was missing for authentication?

- A. Medicare number
- B. Date of birth**
- C. Date of service that was denied

Answer: Date of birth. The CSR did not ask for the beneficiary's date of birth.

2. What should the CSR do if the first name doesn't match exactly?

- A. Refuse to provide information
- B. Match of the first name is unimportant
- C. Use discretion if all other elements are correct**

Answer: The CSR should use discretion if all other elements are correct.

3. Could the CSR have released the requested information if the caller and beneficiary were correctly authenticated?

- A. Yes**
- B. No

Answer: Yes. The CSR could have released the information so that the provider can properly bill Medicare.

Written Inquiry #1

Provider name: Test Labs Inc. **NPI:** 6689645791 **PTAN:** 47482T **Last 5 Tax ID:** 13455

Beneficiary name: Laura Kelly **HICN:** 125469875B **Date of birth:** 9/03/39

E-Mail Message

From: sjones@testlab.com

Sent: 5/29/09

To: United Medicare

Subject: Next eligible date for screening

Please respond with the next eligible date for a pelvic screening for Laura Kelly. Information needed is below.

NPI: 6689645791
PTAN: 47482T
Tax ID: 13455
HICN: 125469875B
Date of Birth: 9/3/39

Thanks!

Determine the Response

1. Can you respond to an inquiry for preventive services information made via e-mail?

- A. Yes
- B. No

2. Do you have all the information needed to correctly authenticate the provider and beneficiary?

- A. Yes
- B. No

3. Can you respond to the inquiry by e-mail?

- A. Yes
- B. No

Go to the next page to check your answers.

Answer Sheet

1. Can you respond to an inquiry for preventive services information made via e-mail?

- A. Yes
- B. No

Answer: Yes. You may send a standard response to an e-mail inquiry informing the inquirer that the requested information will be forthcoming by either telephone or standard mail. In addition, the standard response may also inform the inquirer that he/she must inquire via letter or telephone when requesting beneficiary-specific information.

2. Do you have all the information needed to correctly authenticate the provider and beneficiary?

- A. Yes
- B. No

Answer: Yes. The e-mail message contains all three provider authentication elements: NPI, PTAN, and last five digits of the tax identification number, as well as all necessary beneficiary authentication elements.

3. Can you respond to this inquiry by e-mail?

- A. Yes
- B. No**

Answer: No. You cannot respond via e-mail or fax when the inquiry asks for beneficiary-specific information.

Written Inquiry #2

Provider name:	NPI:	PTAN:	Last 5 Tax ID:
West Coast Psychiatric	3456712309	096842	79865

Letter on Official Letterhead

222 King Street
San Francisco, CA 92365
Tax ID: 79865

September 19, 2009

To whom it may concern:

My husband is a physician at a local doctor's office and I would like to send letters to all of our inpatient psychiatric patients who are eligible for a screening mammography. In this way, his practice will be able to obtain new patients and our patients will then be encouraged to get this potentially life-saving screening.

For your convenience, on the attached spreadsheet, I have included the name, Medicare number and date of birth for each patient. Could you please provide the last screening mammography dates for these patients?

Thank you in advance for your help.

Mei Lin

Determine the Response

1. Do you have enough information to authenticate the provider?

- A. Yes
- B. No

2. What other information about each beneficiary do you need for disclosure?

- A. Address
- B. Date of service
- C. None

3. If all necessary authentication elements were included in the inquiry, would you be able to provide the requested information to the provider?

- A. Yes
- B. No

Go to the next page to check your answers.

Answer Sheet

1. Do you have enough information to authenticate the provider?

- A. Yes
- B. No**

Answer: No. The letter, while on letterhead, does not contain the provider's name.

2. What other information about each beneficiary do you need for disclosure?

- A. Address
- B. Date of service
- C. None**

Answer: None. Only the beneficiary name, HICN, and date of birth are required to release preventive services information.

3. If all necessary authentication elements were included in the inquiry, would you be able to provide the requested information to the provider?

- A. Yes
- B. No**

Answer: No. You should disclose information only to enable the provider to bill Medicare properly. The psychiatric facility is not trying to bill Medicare for screening mammography. They are trying to obtain the information on behalf of another provider for promotional purposes.

Lesson Conclusion

Great Job! You now know how to comply with the CMS privacy policy when responding to requests for preventive services information. You may now take the Knowledge Assessment on the following page.

KNOWLEDGE ASSESSMENT - PRIVACY AND DISCLOSURE OF BENEFICIARY INFORMATION TO PROVIDERS

Directions: Write your name and the date at the top of this page. Complete this assessment by reading through each item and circling the letter of the correct way to answer the question or to complete the sentence. You may use the Guides to Releasing Information to Providers. When you finish, give the Knowledge Assessment to your Privacy Course Administrator. The Knowledge Assessment Answer Key can be found following the assessment. Once it is scored, you will receive specific feedback on your results.

1. The Privacy Act of 1974 is a law that:

A. Attempts to balance the government's need to maintain information on individuals with the individual's right to privacy.

B. Restricts the release of Medicare information to anyone other than the beneficiary.

C. Makes beneficiary Medicare records available only to the beneficiary and the beneficiary's family members.

D. Allows physicians, providers, and suppliers complete access to beneficiary Medicare claim and eligibility information.

2. Under HIPAA, HHS issued the Privacy Rule that:

A. Prevents the release of beneficiary-specific information to physicians, providers, and suppliers.

B. Sets up privacy requirements for educational data throughout the government

C. Allows health information to be shared freely over the internet.

D. Establishes a set of national standards for the protection of certain health information.

3. Your adherence to CMS privacy policy is important for all of the reasons below except:
- A. It is a violation of beneficiary trust to release information to those not authorized to receive it.
 - B. It makes it more difficult for callers to get the information that they need.
 - C. CSRs act as representatives of the United States government.
 - D. CMS requires adherence to privacy policy to comply with the Privacy Act and HIPAA.
4. What data elements must you obtain to authenticate a provider's identity who calls for beneficiary information?
- A. Name and NPI
 - B. Name, NPI, and last five digits of the tax identification number
 - C. Name, NPI, and PTAN
 - D. NPI, PTAN, and last five digits of the tax identification number
5. If a provider requests information about a submitted claim, you must authenticate the beneficiary by asking for the beneficiary's:
- A. Name, HICN, date of service, and date of birth
 - B. Name, HICN, and date of service
 - C. Name, HICN, and date of birth
 - D. Name, HICN, date of birth, and claim number

6. If a provider requests eligibility information, you must authenticate the beneficiary by asking for the beneficiary's:

- A. Name, HICN, date of service, and date of birth
- B. Name, HICN, and date of service
- C. Name, HICN, and date of birth
- D. Name, HICN, date of birth, and claim number

7. A provider sends in a letter requesting claim information. The letter is not written on letterhead. What provider information must be included in the inquiry?

- A. NPI, PTAN, last five digits of the tax identification number
- B. Name or NPI and PTAN
- C. Name, NPI, PTAN, last five digits of the tax identification number
- D. Nothing

8. A provider sends in an inquiry for preventive services information. The inquiry is on letterhead. What information must be included in the inquiry in order to release the information?

- A. Valid provider name and address; beneficiary name, date of service, HICN
- B. Valid provider name and address; NPI or PTAN, and last five digits of the tax identification number; beneficiary name, date of service, and HICN
- C. Valid provider name and address; NPI, PTAN, or last five digits of the tax identification number; beneficiary name, date of service, and HICN
- D. Valid provider name, provider address, last five digits of the tax identification number, beneficiary name, date of birth, and HICN

9. A caller gives the date of birth as 9/02/39, and the date on record is 9/12/39, you should...

- A. Refuse to release information because the date of birth is incorrect.
- B. Tell the caller that the date of birth is incorrect and ask him or her to check the record.
- C. Tell the caller that the day of the month is incorrect and ask him or her to check the record.
- D. Release the requested information anyway.

10. You should respond to an e-mail request for eligibility information by:

- A. E-mail, if you can reply to the sender's message.
- B. Telephone because you cannot send beneficiary-specific information by letter or e-mail.
- C. Letter or telephone because you cannot send beneficiary-specific information by e-mail or fax.
- D. Anyway you prefer.

11. Can you release beneficiary eligibility information when the request is made on provider letterhead and the writer only includes one of the following three authentication elements: NPI, PTAN, and last five digits of the tax identification number?

- A. No, the inquiry on letterhead must contain all three authentication elements.
- B. Yes, if the name and address on the letterhead matches the provider's name and address on record.

12. A physician's assistant requests information about another provider when a claim was denied due to an overlap. Can you release the information?

A. No, you cannot release information about another provider.

B. No, you cannot release information about another provider without the beneficiary's consent.

C. Yes, you may disclose information about another provider as long as both providers have a relationship with the beneficiary and the purpose is to facilitate payment.

13. You need the beneficiary's verbal or written consent to release the:

A. Entitlement date for Part A services

B. Next eligible date for a screening mammogram

C. Reason for a claim denial

D. None of the above

14. If the inquirer gives the CSR a deactivated NPI or NPI/PTAN pair the CSR should:

A. Refuse to assist the inquirer any further.

B. Ask for two additional authentication elements from the provider's record.

C. Continue to assist the inquirer anyway.

15. Additional elements for authentication purposes include:

- A. Tax identification number, provider name, provider remittance address, and provider's home address.
- B. Provider master address, provider remittance address.
- C. Provider name, provider master address, tax identification number
- D. Provider name, provider master address, provider remittance address.

You did a Wonderful Job! You have successfully completed the Privacy and Disclosure of Beneficiary Information Course! Remember to use the Guides for Releasing Information to Providers on the following pages for on-the-job help on adhering to the privacy policy.

KNOWLEDGE ASSESSMENT ANSWER KEY

1. The Privacy Act of 1974 is a law that:

A. Attempts to balance the government's need to maintain information on individuals with the individual's right to privacy.

B. Restricts the release of Medicare information to anyone other than the beneficiary.

C. Makes beneficiary Medicare records available only to the beneficiary and the beneficiary's family members.

D. Allows physicians, providers, and suppliers complete access to beneficiary Medicare claim and eligibility information.

2. Under HIPAA, HHS issued the Privacy Rule that:

A. Prevents the release of beneficiary-specific information to physicians, providers, and suppliers.

B. Sets up privacy requirements for educational data throughout the government

C. Allows health information to be shared freely over the internet.

D. Establishes a set of national standards for the protection of certain health information.

3. Your adherence to CMS privacy policy is important for all of the reasons below except:

A. It is a violation of beneficiary trust to release information to those not authorized to receive it.

B. It makes it more difficult for callers to get the information that they need.

C. CSRs act as representatives of the United States government.

D. CMS requires adherence to privacy policy to comply with the Privacy Act and HIPAA.

4. What data elements must you obtain to authenticate a provider's identity who calls for beneficiary information?

A. Name and NPI

B. Name, NPI, and last five digits of the tax identification number

C. Name, NPI, and PTAN

D. NPI, PTAN, and last five digits of the tax identification number

5. If a provider requests information about a submitted claim, you must authenticate the beneficiary by asking for the beneficiary's:

A. Name, HICN, date of service, and date of birth

B. Name, HICN, and date of service

C. Name, HICN, and date of birth

D. Name, HICN, date of birth, and claim number

6. If a provider requests eligibility information, you must authenticate the beneficiary by asking for the beneficiary's:

A. Name, HICN, date of service, and date of birth

B. Name, HICN, and date of service

C. Name, HICN, and date of birth

D. Name, HICN, date of birth, and claim number

7. A provider sends in a letter requesting claim information. The letter is not written on letterhead. What provider information must be included in the inquiry?

A. NPI, PTAN, and last five digits of the tax identification number

B. Name or NPI and PTAN

C. Name, NPI, PTAN, and last five digits of the tax identification number

D. Nothing

8. A provider sends in an inquiry for preventive services information. The inquiry is on letterhead. What information must be included in the inquiry in order to release the information?

A. Valid provider name and address; beneficiary name, date of service, HICN

B. Valid provider name and address; NPI or PTAN, and last five digits of the tax identification number; beneficiary name, date of service, and HICN

C. Valid provider name and address; NPI, PTAN, or last five digits of the tax identification number; beneficiary name, date of service, and HICN

D. Valid provider name, provider address, last five digits of the tax identification number, beneficiary name, date of birth, and HICN

9. A caller gives the date of birth as 9/02/39, and the date on record is 9/12/39, you should...

A. Refuse to release information because the date of birth is incorrect.

B. Tell the caller that the date of birth is incorrect and ask him or her to check the record.

C. Tell the caller that the day of the month is incorrect and ask him or her to check the record.

D. Release the requested information anyway.

10. You should respond to an e-mail request for eligibility information by:

A. E-mail, if you can reply to the sender's message.

B. Telephone because you cannot send beneficiary-specific information by letter or e-mail.

C. Letter or telephone because you cannot send beneficiary-specific information by e-mail or fax.

D. Anyway you prefer.

11. Can you release beneficiary eligibility information when the request is made on provider letterhead and the writer only includes one of the following three authentication elements: NPI, PTAN, and last five digits of the tax identification number?

A. No, the inquiry on letterhead must contain all three authentication elements.

B. Yes, if the name and address on the letterhead matches the provider's name and address on record.

12. A physician's assistant requests information about another provider when a claim was denied due to an overlap. Can you release the information?

A. No, you cannot release information about another provider.

B. No, you cannot release information about another provider without the beneficiary's consent.

C. Yes, you may disclose information about another provider as long as both providers have a relationship with the beneficiary and the purpose is to facilitate payment.

13. You need the beneficiary's verbal or written consent to release the:

A. Entitlement date for Part A services

B. Next eligible date for a screening mammogram

C. Reason for a claim denial

D. None of the above

14. If the inquirer gives the CSR a deactivated NPI or NPI/PTAN pair the CSR should:

A. Refuse to assist the inquirer any further.

B. Ask for two additional authentication elements from the provider's record.

C. Continue to assist the inquirer anyway.

15. Additional elements for authentication purposes include:

A. Tax identification number, provider name, provider remittance address, and provider's home address.

B. Provider master address, provider remittance address.

C. Provider name, provider master address, tax identification number

D. Provider name, provider master address, provider remittance address.

ATTACHMENT A - GUIDES TO RELEASING INFORMATION TO PROVIDERS

Releasing Pre-claims Information

Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the following information for Assigned Claims	If all authentication elements match, you may release the following information for Non-assigned Claims
CSR	Provider NPI Provider PTAN And Provider's last five digits of the tax identification number	Name HICN Date of birth Beneficiary's verbal or written consent, unless the provider needs the information in order to properly bill Medicare.	Any information on that claim or a related claim, including whether the claim was crossed over, to whom it crossed with and the reason why it crossed, if applicable. You may disclose information about another provider as long as both providers have a direct relationship with the beneficiary and the purpose is to facilitate payment.	The following information about the claim in question only: <ul style="list-style-type: none"> • Claim received (yes/no) • Date processed • Reason for denial or reduction • Cross-over information including whether the claim was crossed over, to whom it crossed with and the reason why it crossed, if applicable. You may disclose information about another provider as long as both providers have a direct relationship with the beneficiary and the purpose is to facilitate payment.

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Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the following information for Assigned Claims	If all authentication elements match, you may release the following information for Non-assigned Claims
IVR	Provider NPI Provider PTAN And Provider's last five digits of the tax identification number	Name HICN Date of birth Beneficiary's verbal or written consent, unless the provider needs the information in order to properly bill Medicare.	Any information on that claim or a related claim, including whether the claim was crossed over, to whom it crossed with and the reason why it crossed, if applicable. You may disclose information about another provider as long as both providers have a direct relationship with the beneficiary and the purpose is to facilitate payment.	The following information about the claim in question only: <ul style="list-style-type: none"> • Claim received (yes/no) • Date processed • Reason for denial or reduction • Cross-over information including whether the claim was crossed over, to whom it crossed with and the reason why it crossed, if applicable. You may disclose information about another provider as long as both providers have a direct relationship with the beneficiary and the purpose is to facilitate payment.

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Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the following information for Assigned Claims	If all authentication elements match, you may release the following information for Non-assigned Claims
Written	Provider NPI Provider PTAN And Provider’s last five digits of the tax identification number If inquiry is received on provider’s official letterhead, including e-mails with an attachment on letterhead, and the provider’s name and address match what is in the	Name HICN Date of birth Beneficiary’s verbal or written consent, unless the provider needs the information in order to properly bill Medicare.	Any information on that claim or a related claim, including whether the claim was crossed over, to whom it crossed with and the reason why it crossed, if applicable. You may disclose information about another provider as long as both providers have a direct relationship with the beneficiary and the purpose is to facilitate payment.	The following information about the claim in question only: <ul style="list-style-type: none"> • Claim received (yes/no) • Date processed • Reason for denial or reduction • Cross-over information including whether the claim was crossed over, to whom it crossed with and the reason why it crossed, if applicable. You may disclose information about another provider as long as both providers have a direct relationship with the beneficiary and the purpose is to facilitate payment.

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	contractor's files, only one of the authentication elements is needed.			
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Releasing Post-claim Information

Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the following information for Assigned Claims	If all authentication elements match, you may release the following information for Non-assigned Claims
CSR	Provider NPI Provider PTAN And Provider's last five digits of the tax identification number	Name HICN Date of service	<p>Any information on that claim or a related claim, including whether the claim was crossed over, to whom it crossed with and the reason why it crossed, if applicable.</p> <p>You may disclose information about another provider as long as both providers have a direct relationship with the beneficiary and the purpose is to facilitate payment.</p>	<p>The following information about the claim in question only:</p> <ul style="list-style-type: none"> • Claim received (yes/no) • Date processed • Reason for denial or reduction • Cross-over information including whether the claim was crossed over, to whom it crossed with and the reason why it crossed, if applicable. <p>You may disclose information about another provider as long as both providers have a direct relationship with the beneficiary and the purpose is to facilitate payment.</p>

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Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the following information for Assigned Claims	If all authentication elements match, you may release the following information for Non-assigned Claims
IVR	Provider NPI Provider PTAN And Provider's last five digits of the tax identification number	Name HICN Date of service	<p>Any information on that claim or a related claim, including whether the claim was crossed over, to whom it crossed with and the reason why it crossed, if applicable.</p> <p>You may disclose information about another provider as long as both providers have a direct relationship with the beneficiary and the purpose is to facilitate payment.</p>	<p>The following information about the claim in question only:</p> <ul style="list-style-type: none"> • Claim received (yes/no) • Date processed • Reason for denial or reduction • Cross-over information including whether the claim was crossed over, to whom it crossed with and the reason why it crossed, if applicable. <p>You may disclose information about another provider as long as both providers have a direct relationship with the beneficiary and the purpose is to facilitate payment.</p>

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Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the following information for Assigned Claims	If all authentication elements match, you may release the following information for Non-assigned Claims
Written	Provider NPI Provider PTAN And Provider's last five digits of the tax identification number If inquiry is received on provider's official letterhead, including e-mails with an attachment on letterhead, and the provider's name and address match what is in the	Name HICN Date of service	Any information on that claim or a related claim, including whether the claim was crossed over, to whom it crossed with and the reason why it crossed, if applicable. You may disclose information about another provider as long as both providers have a direct relationship with the beneficiary and the purpose is to facilitate payment.	The following information about the claim in question only: <ul style="list-style-type: none"> • Claim received (yes/no) • Date processed • Reason for denial or reduction • Cross-over information including whether the claim was crossed over, to whom it crossed with and the reason why it crossed, if applicable. You may disclose information about another provider as long as both providers have a direct relationship with the beneficiary and the purpose is to facilitate payment.

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	contractor's files, only one of the authentication elements is needed.			
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Releasing CMN or DIF Information – Pre-claim

Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the following:
CSR	Provider NPI Provider PTAN And Provider’s last five digits of the tax identification number	Name HICN Date of birth Beneficiary’s verbal or written consent, unless the provider needs the information in order to properly bill Medicare.	Information that will assist the provider in billing Medicare properly, including the following: <ul style="list-style-type: none"> ● Initial date ● Recertification date ● Length of need ● Other elements necessary to bill Medicare properly Note: The caller will need to provide the HCPCS codes or item description. You may disclose information about another provider as long as both providers have a direct relationship with the beneficiary and the purpose is to facilitate payment.

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Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the following:
IVR	Provider NPI Provider PTAN And Provider's last five digits of the tax identification number	Name HICN Date of birth Beneficiary's verbal or written consent, unless the provider needs the information in order to properly bill Medicare.	Information that will assist the provider in billing Medicare properly, including the following: <ul style="list-style-type: none"> • Initial date • Recertification date • Length of need • Other elements necessary to bill Medicare properly Note: The caller will need to provide the HCPCS codes or item description. You may disclose information about another provider as long as both providers have a direct relationship with the beneficiary and the purpose is to facilitate payment.

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Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the following:
Written	Provider NPI Provider PTAN And Provider’s last five digits of the tax identification number If inquiry is received on provider’s official letterhead, including e-mails with an attachment on letterhead, and the provider’s name and address match what is in the contractor’s files, only one of the authentication elements is needed.	Name HICN Date of birth Beneficiary’s verbal or written consent, unless the provider needs the information in order to properly bill Medicare.	Information that will assist the provider in billing Medicare properly, including the following: <ul style="list-style-type: none"> • Initial date • Recertification date • Length of need • Other elements necessary to bill Medicare properly Note: The caller will need to provide the HCPCS codes or item description. You may disclose information about another provider as long as both providers have a direct relationship with the beneficiary and the purpose is to facilitate payment.

Releasing CMN or DIF Information – Post-claim

Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the following:
CSR	Provider NPI Provider PTAN And Provider’s last five digits of the tax identification number	Name HICN Date of service	Information that will assist the provider in billing Medicare properly, including the following: <ul style="list-style-type: none"> ● Initial date ● Recertification date ● Length of need ● Other elements necessary to bill Medicare properly Note: The caller will need to provide the HCPCS codes or item description. You may disclose information about another provider as long as both providers have a direct relationship with the beneficiary and the purpose is to facilitate payment.

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Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the following:
IVR	Provider NPI Provider PTAN And Provider's last five digits of the tax identification number	Name HICN Date of service	Information that will assist the provider in billing Medicare properly, including the following: <ul style="list-style-type: none"> • Initial date • Recertification date • Length of need • Other elements necessary to bill Medicare properly Note: The caller will need to provide the HCPCS codes or item description. You may disclose information about another provider as long as both providers have a direct relationship with the beneficiary and the purpose is to facilitate payment.

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Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the following:
Written	<p>Provider NPI</p> <p>Provider PTAN</p> <p>And</p> <p>Provider's last five digits of the tax identification number</p> <p>If inquiry is received on provider's official letterhead, including e-mails with an attachment on letterhead, and the provider's name and address match what is in the contractor's files, only one of the authentication elements is needed.</p>	<p>Name</p> <p>HICN</p> <p>Date of service</p>	<p>Information that will assist the provider in billing Medicare properly, including the following:</p> <ul style="list-style-type: none"> • Initial date • Recertification date • Length of need • Other elements necessary to bill Medicare properly <p>Note: The caller will need to provide the HCPCS codes or item description.</p> <p>You may disclose information about another provider as long as both providers have a direct relationship with the beneficiary and the purpose is to facilitate payment.</p>

Releasing Routine Eligibility Information

Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the following:	You may release the following elements when prompted by the inquirer:
CSR	Provider NPI Provider PTAN And Provider's last five digits of the tax identification number	Name HICN Date of birth	<ul style="list-style-type: none"> ● Part A current and previous entitlement and termination dates ● Part B current and previous entitlement and termination dates ● Deductible met (yes/no) ● Managed care (yes/no) ● MSP (yes/no) ● Crossover established (yes/no) ● Home health (yes/no) ● Hospice (yes/no) ● SNF (yes/no) ● Pneumococcal vaccine (yes/no) 	<ul style="list-style-type: none"> ● Deductible remaining (Part A) or applied (Part B) ● Managed care (plan #, name, address, type, enrollment and termination dates) ● MSP (insurer name, policy #, effective and termination dates, type of primary insurance, insurer address)* ● Claims crossover status (insurer or supplemental payer names, COBA ID, effective and termination dates, deletion dates) ** ● Home health (applicable earliest and latest dates) ● Hospice (applicable earliest and latest dates) ● SNF (applicable earliest and latest dates) ● Pneumococcal vaccine (administration date) ● Influenza vaccine (administration date) ● Hepatitis B vaccine (administration date)

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				<ul style="list-style-type: none">● Blood deductible● Date of death <p>* Release this information with the caveat that it may not be correct and that the beneficiary is the best source for insurance information. For inquiries about the accuracy of the MSP information on the beneficiary's auxiliary record, refer the caller the Coordination of Benefits Contractor (COBC) at 1-800-999-1118.</p> <p>** For inquiries concerning why the supplemental payer insurer did or did not include the beneficiary on its eligibility files so that claims can be crossed over, the CSRs shall direct the provider to the beneficiary's supplemental insurer.</p>
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Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the following:	You may release the following elements when prompted by the inquirer:
IVR	Provider NPI Provider PTAN And Provider's last five digits of the tax identification number	Name HICN Date of birth	<ul style="list-style-type: none"> ● Part A current and previous entitlement and termination dates ● Part B current and previous entitlement and termination dates ● Deductible met (yes/no) ● Managed care (yes/no) ● MSP (yes/no) ● Crossover established (yes/no) ● Home health (yes/no) ● Hospice (yes/no) ● SNF (yes/no) ● Pneumococcal vaccine (yes/no) 	<ul style="list-style-type: none"> ● Deductible remaining (Part A) or applied (Part B) ● Managed care (plan #, name, address, type, enrollment and termination dates) ● MSP (insurer name, policy #, effective and termination dates, type of primary insurance, insurer address)* ● Claims crossover status (insurer or supplemental payer names, COBA ID, effective and termination dates, deletion dates)** ● Home health (applicable earliest and latest dates) ● Hospice (applicable earliest and latest dates) ● SNF (applicable earliest and latest dates) ● Pneumococcal vaccine (administration date) ● Influenza vaccine (administration date) ● Hepatitis B vaccine (administration date) ● Blood deductible ● Date of death

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				<p>* Release this information with the caveat that it may not be correct and that the beneficiary is the best source for insurance information. For inquiries about the accuracy of the MSP information on the beneficiary's auxiliary record, refer the caller the Coordination of Benefits Contractor (COBC) at 1-800-999-1118.</p> <p>** For inquiries concerning why the supplemental payer insurer did or did not include the beneficiary on its eligibility files so that claims can be crossed over, the CSRs shall direct the provider to the beneficiary's supplemental insurer.</p>
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Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the following:	You may release the following elements when prompted by the inquirer:
Written	Provider NPI Provider PTAN And Provider's last five digits of the tax identification number If inquiry is received on provider's official letterhead, including e-mails with an attachment on letterhead, and the provider's name and address match what is in the contractor's files, only one	Name HICN Date of birth	<ul style="list-style-type: none"> ● Part A current and previous entitlement and termination dates ● Part B current and previous entitlement and termination dates ● Deductible met (yes/no) ● Managed care (yes/no) ● MSP (yes/no) ● Crossover established (yes/no) ● Home health (yes/no) ● Hospice (yes/no) ● SNF (yes/no) ● Pneumococcal vaccine (yes/no) 	<ul style="list-style-type: none"> ● Deductible remaining (Part A) or applied (Part B) ● Managed care (plan #, name, address, type, enrollment and termination dates) ● MSP (insurer name, policy #, effective and termination dates, type of primary insurance, insurer address)* ● Claims crossover status (insurer or supplemental payer names, COBA ID, effective and termination dates, deletion dates)** ● Home health (applicable earliest and latest dates) ● Hospice (applicable earliest and latest dates) ● SNF (applicable earliest and latest dates) ● Pneumococcal vaccine (administration date) ● Influenza vaccine (administration date) ● Hepatitis B vaccine (administration date) ● Blood deductible ● Date of death

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	<p>of the authentication elements is needed.</p>			<p>* Release this information with the caveat that it may not be correct and that the beneficiary is the best source for insurance information. For inquiries about the accuracy of the MSP information on the beneficiary's auxiliary record, refer the caller the Coordination of Benefits Contractor (COBC) at 1-800-999-1118.</p> <p>** For inquiries concerning why the supplemental payer insurer did or did not include the beneficiary on its eligibility files so that claims can be crossed over, the CSRs shall direct the provider to the beneficiary's supplemental insurer.</p>
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Releasing Optional Eligibility Information

Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the following elements on a need-to-know basis and only to enable a provider to properly bill Medicare:
CSR	Provider NPI Provider PTAN And Provider’s last five digits of the tax identification number	Name HICN Date of birth	<ul style="list-style-type: none"> • ESRD (renal supplies, ESRD effective dates, transplant discharge date) • Alternate method dialysis (Method 1, Method 2, ESRD effective date, transplant discharge date) • Home health (provider name, servicing contractor, applicable dates) • Hospice (provider name, servicing contractor, applicable dates) • Hospital (days remaining, deductible amount, co-insurance days remaining, lifetime reserve days, benefits exhaust date, date of earliest billing action, date of latest billing action) • Long term care (hospital days remaining, deductible amount, co-insurance days remaining, lifetime reserve days) • Rehabilitation room and board (hospital days remaining, co-insurance hospital days remaining, lifetime reserve days) • Psychiatric limitation (full benefit days remaining, lifetime days remaining, regular co-insurance days remaining, lifetime reserve co-insurance days remaining, benefits exhaust date) • SNF (days remaining, co-insurance days remaining, date of earliest billing action, date of latest billing action) • Therapy cap information including remaining limitation dollar amount and/or amount applied for: Speech Therapy, Occupational Therapy, Physical Therapy

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Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the following elements on a need-to-know basis and only to enable a provider to properly bill Medicare:
IVR	Provider NPI Provider PTAN And Provider's last five digits of the tax identification number	Name HICN Date of birth	<ul style="list-style-type: none"> ● ESRD (renal supplies, ESRD effective dates, transplant discharge date) ● Alternate method dialysis (Method 1, Method 2, SRD effective date, transplant discharge date) ● Home health (provider name, servicing contractor, applicable dates) ● Hospice (provider name, servicing contractor, applicable dates) ● Hospital (days remaining, deductible amount, co-insurance days remaining, lifetime reserve days, benefits exhaust date, date of earliest billing action, date of latest billing action) ● Long term care (hospital days remaining, deductible amount, co-insurance days remaining, lifetime reserve days) ● Rehabilitation room and board (hospital days remaining, co-insurance hospital days remaining, lifetime reserve days) ● Psychiatric limitation (full benefit days remaining, lifetime days remaining, regular co-insurance days remaining, lifetime reserve co-insurance days remaining, benefits exhaust date) ● SNF (days remaining, co-insurance days remaining, date of earliest billing action, date of latest billing action) ● Therapy cap information including remaining limitation dollar amount and/or amount applied for: Speech Therapy, Occupational Therapy, Physical Therapy

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Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the following elements on a need-to-know basis and only to enable a provider to properly bill Medicare:
Written	Provider NPI Provider PTAN And Provider's last five digits of the tax identification number If inquiry is received on provider's official letterhead, including e-mails with an attachment on letterhead, and the provider's name and address match what is in the contractor's files, only one	Name HICN Date of birth	<ul style="list-style-type: none"> ● ESRD (renal supplies, ESRD effective dates, transplant discharge date) ● Alternate method dialysis (Method 1, Method 2, SRD effective date, transplant discharge date) ● Home health (provider name, servicing contractor, applicable dates) ● Hospice (provider name, servicing contractor, applicable dates) ● Hospital (days remaining, deductible amount, co-insurance days remaining, lifetime reserve days, benefits exhaust date, date of earliest billing action, date of latest billing action) ● Long term care (hospital days remaining, deductible amount, co-insurance days remaining, lifetime reserve days) ● Rehabilitation room and board (hospital days remaining, co-insurance hospital days remaining, lifetime reserve days) ● Psychiatric limitation (full benefit days remaining, lifetime days remaining, regular co-insurance days remaining, lifetime reserve co-insurance days remaining, benefits exhaust date) ● SNF (days remaining, co-insurance days remaining, date of earliest billing action, date of latest billing action) ● Therapy cap information including remaining limitation dollar amount and/or amount applied for: Speech Therapy, Occupational Therapy, Physical Therapy

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	of the authentication elements is needed.		
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Releasing Preventive Services Information

Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the next eligible dates for the professional/technical components for the following services:
IVR	Provider NPI Provider PTAN And Provider’s last five digits of the tax identification number	Name HICN Date of birth	<ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening • Adult Immunizations • Bone Mass Measurements • Cancer Screenings • Cardiovascular Screening • Diabetes Screening • Diabetes Supplies • Diabetes Self-Management Training • Medical Nutrition Therapy (for Medicare beneficiaries with diabetes or renal disease) • Glaucoma Screening • Initial Preventive Physical Exam ("Welcome to Medicare" Physical Exam) • Smoking and Tobacco-Use Cessation Counseling <p>The inquirer should provide the HCPCS code or a description of the service. If a description is provided, instead of a HCPCS code, confirm the exact service being referenced to ensure that the information being disclosed is what is being requested.</p> <p>NOTE: The list of preventive services is accurate as of the publication date of this document and is provided for informational and educational purposes only. If preventive services change</p>

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			<p>before the Disclosure Desk Reference is updated, contractors shall use the most current list of preventive services. Be sure to pay close attention to relevant Change Requests for updates. In addition, more information can be found at the following Websites:</p> <p>http://www.cms.hhs.gov/PrevntionGenInfo/</p> <p>http://www.cms.hhs.gov/MLNProducts/35 PreventiveServices.asp</p> <p>http://www.cms.hhs.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.pdf</p>
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Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the next eligible dates for the professional/technical components for the following services:
IVR	Provider NPI Provider PTAN And Provider's last five digits of the tax identification number	Name HICN Date of birth	<ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening • Adult Immunizations • Bone Mass Measurements • Cancer Screenings • Cardiovascular Screening • Diabetes Screening • Diabetes Supplies • Diabetes Self-Management Training • Medical Nutrition Therapy (for Medicare beneficiaries with diabetes or renal disease) • Glaucoma Screening • Initial Preventive Physical Exam ("Welcome to Medicare" Physical Exam) • Smoking and Tobacco-Use Cessation Counseling <p>Note: The inquirer should provide the HCPCS code or a description of the service. If a description is provided, instead of a HCPCS code, confirm the exact service being referenced to ensure that the information being disclosed is what is being requested.</p> <p>NOTE: The list of preventive services is accurate as of the publication date of this document and is provided for informational and educational purposes only. If preventive services change before the Disclosure Desk Reference is updated, contractors shall use the most current list of</p>

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			<p>preventive services. Be sure to pay close attention to relevant Change Requests for updates. In addition, more information can be found at the following Websites:</p> <p>http://www.cms.hhs.gov/PrevntionGenInfo/</p> <p>http://www.cms.hhs.gov/MLNProducts/35 PreventiveServices.asp</p> <p>http://www.cms.hhs.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.pdf</p>
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Inquiry Type	Authenticate Provider	Authenticate Beneficiary	If all authentication elements match, you may release the next eligible dates for the professional/technical components for the following services:
Written	<p>Provider NPI</p> <p>Provider PTAN</p> <p>And</p> <p>Provider's last five digits of the tax identification number</p> <p>If inquiry is received on provider's official letterhead, including e-mails with an attachment on letterhead, and the provider's name and address match what is in the contractor's files, only one of the authentication elements is needed.</p>	<p>Name</p> <p>HICN</p> <p>Date of birth</p>	<ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening • Adult Immunizations • Bone Mass Measurements • Cancer Screenings • Cardiovascular Screening • Diabetes Screening • Diabetes Supplies • Diabetes Self-Management Training • Medical Nutrition Therapy (for Medicare beneficiaries with diabetes or renal disease) • Glaucoma Screening • Initial Preventive Physical Exam ("Welcome to Medicare" Physical Exam) • Smoking and Tobacco-Use Cessation Counseling <p>Note: The inquirer should provide the HCPCS code or a description of the service. If a description is provided, instead of a HCPCS code, confirm the exact service being referenced to ensure that the information being disclosed is what is being requested.</p> <p>NOTE: The list of preventive services is accurate as of the publication date of this document and is provided for informational and educational purposes only. If preventive services change before the Disclosure Desk Reference is updated, contractors shall use the most current list of</p>

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			<p>preventive services. Be sure to pay close attention to relevant Change Requests for updates. In addition, more information can be found at the following Websites:</p> <p>http://www.cms.hhs.gov/PrevntionGenInfo/</p> <p>http://www.cms.hhs.gov/MLNProducts/35 PreventiveServices.asp</p> <p>http://www.cms.hhs.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.pdf</p>
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