

# **Privacy and Disclosure of Beneficiary Information to Providers**

**Effective until February 28, 2009**

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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.

**1. Introduction to the Privacy Act of 1974 and the HIPAA Privacy Rule** gives you an understanding of CMS' basic Privacy Policy and why it is important to CMS, Medicare beneficiaries, and you.

**2. Releasing Claims Information** focuses on the type of claims information that can be released. It includes exercises for telephone and written inquiries.

**3. Releasing CMN or DIF Information** focuses on the type of CMN or DIF information that can be released. It includes exercises for telephone and written inquiries.

**4. Releasing Routine and Optional Eligibility Information** focuses on the type of eligibility information that can be released. It includes exercises for telephone and written inquiries.

**5. Releasing Information for Preventive Services** focuses on the type of preventive services information that can be released. It includes exercises for telephone and written inquiries.

### **Exercises**

Exercises are included to help you apply the skills learned in each lesson. You should complete the exercise 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 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 resources while taking the course and use them as job aids 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 B 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's 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-specific (e.g., explaining a Remittance Advice) without obtaining authentication from the provider.

Follow these three steps before disclosing any beneficiary-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:
  - NPI
  - and
  - Provider Transaction Access Number (PTAN)
2. The **CSR** will authenticate the provider's:
  - NPI
  - and
  - Provider Transaction Access Number (PTAN)

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

For those few providers who were never assigned an NPI, who's NPI or NPI/PTAN pair have been deactivated, or who enter an NPI/PTAN pair different than the NPI/PTAN pair the claim was processed with, the IVR may not be able to authenticate the provider. In these cases, since CSRs authenticate using the NPI and PTAN as well, CSRs shall authenticate on at least two other data elements available in the provider's record, such as provider name, tax identification number, remittance address, and provider master address prior to releasing information to the provider. If there are any other cases where the IVR or CSR is unable to match one of the two required authentication elements, either the NPI or PTAN, the CSR shall authenticate on at least two other data elements available in the provider's record, such as provider name, tax identification number, remittance address, and provider master address prior to releasing information to the provider.

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

- Name  
*and one of the following:*
- NPI  
**or**
- Provider Transaction Access Number (PTAN)

If you receive a fax or letter with letterhead showing the provider's name and address clearly establishing the identity of the provider, the NPI or PTAN is not required for authentication. In the case of multiple addresses on the letterhead, authentication is met as long as one of the addresses matches the record.

### **Beneficiary Authentication**

For eligibility information, preventive services, and Certificate of Medical Necessity (CMN) or Durable Medical Equipment Regional Carrier 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)

A match of the beneficiary's exact name is not required; however, the CSR shall use his/her discretion to verify that the beneficiary's surname given by the provider is a close enough match to the surname in the beneficiary's record being displayed. The surname needs to be a close enough match that there is no question that the name given by the provider is the same as that in the system.

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.

### **Handling Written Inquiries**

Written responses that contain beneficiary-specific information must be made via regular mail or telephone. If you receive an inquiry via e-mail or fax, notify the provider by e-mail that you will respond by mail or telephone and inform the provider that beneficiary-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-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.

### **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.

## 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. Beneficiaries entrust their personal information to Medicare.  
\_\_\_\_\_
5. Before you release information to a provider, you must first authenticate both the provider and the beneficiary. \_\_\_\_\_
6. Provider authentication elements vary depending upon the method of inquiry. \_\_\_\_\_
7. Written inquiries do not require beneficiary authentication.  
\_\_\_\_\_

8. There may be times when the IVR and/or CSR's systems are unable to recognize a provider's NPI/PTAN pair. In these cases the CSR should authenticate on at least two additional elements such as provider name, remittance address, tax identification number and provider master address. \_\_\_\_\_

Check your answers on the next page.

## Answer Sheet

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

## 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 phone 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.

Take a few minutes to read the Releasing Claims 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 phone calls 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**

<b>Provider Name:</b> Bedford County Hospital	<b>NPI:</b> 4368905935	<b>PTAN:</b> 546078
<b>Beneficiary Name:</b> Samuel MacDonald	<b>HICN:</b> 325679015A	<b>Dates of Service:</b> 12/10/07 – 12/15/07

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 due to an overlapping claim.

CSR – May I please have the NPI and PTAN?

Caller – Sure. It's 4368905935 and the PTAN is 546078.

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

Caller – Samuel MacDonald.

CSR – 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 12/10/07 through 12/15/07.

CSR – There is an overlapping claim for Mr. MacDonald from another facility for the dates of service of 12/14/07 – 12/21/07. I cannot release the claim 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. Which of the following disclosure items does the caller provide to authenticate the beneficiary?

- A. Beneficiary name
- B. HICN
- C. Dates of service
- D. All of the above

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?

Yes

No

**Answer: Yes. The CSR must obtain both the NPI and PTAN for authentication.**

2. Which of the following disclosure items does the caller provide to authenticate the beneficiary?

Beneficiary name

HICN

Dates of service

**All of the above**

**Answer: All of the above. The beneficiary name, HICN and dates of service are all needed to authenticate the beneficiary before releasing claim information.**

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

Yes

No

**Answer: No. The CSR should have disclosed the requested information since both providers have a relationship with the beneficiary.**

## Telephone Call #2

<b>Provider Name:</b> OB/GYN of Southern York	<b>NPI:</b> 3955677461	<b>PTAN:</b> 537364
<b>Beneficiary Name:</b> Betty Gould	<b>HICN:</b> 789764321A	<b>Date of Service:</b> 4/15/08

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

Caller – This is Susan Wright calling for Dr. Salmon’s. He works for OB/GYN of Southern York. I would like the claim status for services provided to Mrs. Betty Gould.

CSR – What’s your NPI and PTAN please?

Caller – Yes, our 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.

Caller – Oh dear. I don’t understand this at all. What should I do?

## Evaluate the Call

1. Did the CSR handle 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. Tell the caller to call provider enrollment.
- D. Tell the caller to check her records for a group NPI, but in the meantime assist her by authenticating with two other elements, as well as the beneficiary elements.

3. Which elements can the CSR pick from to use as additional authentication elements?

- A. Provider name, tax identification number, remittance address, and provider master address.
- B. Provider name, UPIN, tax identification number, and provider master address.
- C. Provider name, provider taxonomy code, provider billing address, remittance address.
- D. Provider name, remittance address, provider primary address, remittance address, tax identification number.

Go to the next page to check your answers.

## Answer Sheet

1. Did the CSR handle the call correctly?

- A. Yes
- B. No**

**Answer: No. The caller was clearly confused about the situation, which signaled an excellent chance to educate her about PTAN and NPI. Instead, the CSR gave no indication of assisting the caller.**

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. Tell the caller to call provider enrollment.
- D. Tell the caller to check her records for a group NPI, but in the meantime assist her by authenticating with two other elements, as well as the beneficiary elements.**

**Answer: Since the CSR could clearly see the provider in question worked for the group through the individual NPI and group PTAN given by the caller, the CSR should have continued with the call by authenticating with two additional elements. The CSR should have also reminded the caller to check to see what the group NPI is and to make a note of it for future calls.**

3. Which elements can the CSR pick from to use as additional authentication elements?

- A. Provider name, tax identification number, remittance address, and provider master address.**



B. Provider name, UPIN, tax identification number, and provider master address.

C. Provider name, provider taxonomy code, provider billing address, remittance address.

D. Provider name, remittance address, provider primary address, remittance address, tax identification number.

**Answer: Provider name, tax identification number, remittance address, and provider master address.**

**Written Inquiry #1**

**Provider Name:**

Dr. David Richie

**NPI:**

3955677461

**PTAN:**

5641FS

**Beneficiary Name:**

Florence Conway

**HICN:**

265459994A

**Date of Service:**

6/24/08

**Facsimile Transmission:**

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

To: RS Medicare Services/Provider Customer Service

From: 610-555-1212

RE: Medicare Summary Notice

Date: 8/30/08

I'm sending you a copy of my patient's MSN that shows that the service rendered on 6/24/08 was denied. Please respond by fax with the reason for claim denial. Below is the additional information needing for authorization.

Patient: Florence Conway

HICN: 265459994A

Date of Service: 6/24/08

Claim Denied On: 7/18/08

## Determine Disclosure

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

- A. Yes
- B. No

2. Can you respond to the inquiry by fax 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. Beneficiary-specific information may not be disclosed via e-mail or fax
- D. Faxes may not be responded to in a timely manner

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: Yes. The inquiry although via fax, is on letterhead. The inquiry also contains the provider's name. Therefore, the NPI and/or PTAN are not needed.**

2. Can you respond to the inquiry by fax as requested?

- A. Yes
- B. No

**Answer: No. You cannot respond via fax or e-mail if the inquiry requests any protected health information.**

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. Beneficiary-specific information may not be disclosed via e-mail or fax**
- D. Faxes may not be responded to in a timely manner

**Answer: Beneficiary-specific information may not be disclosed via e-mail or fax.**

**Written Inquiry #2**

**Provider Name:**  
Dr. Timothy Hogan

**NPI:**  
3955677461

**PTAN:**  
65465W

**Beneficiary name:**  
Benie Wrightman

**HICN:**  
26545999A

**Date of service:**  
7/22/08

**Letter with a Remittance Advice Attached**

September 12, 2008,

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: 07/22/08

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 PTAN 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: Yes. The inquiry contained the provider's name and NPI. This was required since the inquiry was not on letterhead.**

2. Would you be able to respond if the inquiry had contained the PTAN instead of the NPI?

- A. Yes
- B. No

**Answer: Yes. For written inquiries not on letterhead, the inquiry must contain the provider name and either the provider's NPI or PTAN for authentication purposes.**

3. Should you release the requested information?

- A. Yes
- B. No

**Answer: Yes. You should release the requested information.**

## **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 phone 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 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 phone calls 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

**Beneficiary name: HICN:**  
James Walters 678984444A

**Date of Birth:**  
2/02/17

**Date of Service:**  
05/10/08

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 beneficiary.

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

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

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

CSR – Thank you Jerry. I see all your information matches our system. I will be happy to answer your questions.

## 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. Was the date of service needed for this request?

- 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: No. The CSR did not obtain the provider's PTAN. Both the NPI and PTAN are needed to authenticate providers.**

2. Did the CSR correctly authenticate the beneficiary?

- A. Yes**
- B. No

**Answer: Yes. All beneficiary information was received by the CSR.**

3. Was the date of service needed for this request?

- A. Yes**
- B. No

**Answer: Yes. The date of service is a required element for a post-claim submission inquiry.**

## Telephone Call #2

**Provider name:** Meds Inc.      **NPI:** deactivated      **PTAN:** deactivated

**Beneficiary Name:** Jack Werner      **HICN:** 125648256A      **Date of birth:** 6/19/25      **Date of service:** 1/17/08

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

Caller – This is Lacey Malone from Meds Inc. We had a claim for oxygen denied because they say it doesn't meet the criteria for the medical policy. Can you help us?

CSR – I'll try my best. Could I have your NPI and PTAN please?

Caller – Sure. The NPI is 8515793625 and the PTAN is 39546.

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

Caller – Try 7645965424 and 68542.

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 your provider through a different way. Bear with me please. I will need to authenticate two other elements. They are tax identification number, remittance

address, and provider master address. Which of the two can you verify?

Caller – Uh...hang on, let me get the remittance and master addresses.

CSR – Great! That works.

## Evaluate the Call

1. Did the CSR handle the call correctly?

- A. Yes
- B. No

2. Was the CSR correct to ask for additional data elements?

- A. Yes
- B. No

3. Why was the CSR correct to ask for the additional data elements?

- A. The caller was getting frustrated.
- B. The CSR was getting frustrated.
- C. The CSR could not find the provider in the system.
- D. The CSR could not find either the provider or NPI/PTAN pair in the system.
- E. The CSR could not find the NPI/PTAN pair in the system.

Go to the next page to check your answers.



## Answer Sheet

1. Did the CSR handle the call correctly?

- A. Yes
- B. No

**Answer: Yes. The CSR could not find the provider's NPI/PTAN pair in her system so she authenticated the provider using two additional elements from the provider's record.**

2. Was the CSR correct to ask for additional data elements?

- A. Yes
- B. No

**Answer: Yes.**

3. Why was the CSR correct to ask for the additional data elements?

- A. The caller was getting frustrated.
- B. The CSR was getting frustrated.
- C. The CSR could not find the provider in the system.
- D. The CSR could not find either the provider or NPI/PTAN pair in the system.
- E. The CSR could not find the NPI/PTAN pair in the system.**

**Answer: The CSR could not find the NPI/PTAN pair in the system.**

**Written Inquiry #1**

**Provider name:**  
InfoMed Inc.

**NPI:**  
5545693887

**PTAN:**  
64547

**Beneficiary name:**  
Dominic Parillio

**HICN:**  
555698789A

**Date of birth: Date of service:**  
08/05/42      3/15/08

**Letter**

July 25, 2008

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: 3/15/08

Thank you,

Richard Tweeter

**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 his name and either his NPI or PTAN. The provider only supplied his name.**

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 NPI or PTAN. In order for provider authentication to occur a provider must include a valid name and either the NPI and/or PTAN.**

**Written Inquiry #2**

**Provider name:** Medsply Corp.  
**Provider Address:** 8900 Las Palomas Ave.  
San Diego, CA 98874  
**NPI:** 3545693822  
**PTAN:** 21972

**Beneficiary name:** Miguel Santiago  
**HICN:** 564129873A  
**Date of birth:** 10/11/29  
**Date of service:** 7/15/08

**Letter on Letterhead:**

Medsply Corp.  
8900 Las Palomas Ave.  
San Diego, CA 98874

July 28, 2008

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

## Determine Disclosure

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

- A. Yes
- B. No

2. Which beneficiary authentication element is missing?

- A. Date of service
- B. Date of birth
- C. HCPCS

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 provider?

- A. Yes
- B. No

**Answer: Yes. You can authenticate the provider with the name and address on the letterhead.**

2. Which beneficiary authentication element is missing?

- A. Date of service
- B. Date of birth**
- C. HCPCS

**Answer: Date of birth. Since this is a pre-claim inquiry the date of birth is needed for authentication of the beneficiary.**

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

- A. Yes
- B. No**

**Answer: No. Since the supplier was requesting pre-claim information, written or verbal authorization from the beneficiary is needed.**

## **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 phone 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, and Medicare Prescription Drug Plans.

Read the Releasing Eligibility 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 phone calls 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:**  
Monroe County Hospice

**NPI:**  
8967548712

**PTAN:**  
324546

**Beneficiary name:**  
Marshal Drake Jr.

**HICN:**  
123456789A

**Date of birth:**  
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. I am with the Monroe County Hospice and need some MSP information.

CSR – Okay Mr. Walker. Could I first please have your NPI and PTAN?

Caller – Our NPI is 896754812 and the PTAN is 324546.

CSR – 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 123456789T 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 and PTAN.**

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**

<b>Provider name:</b> Dr. Michael Whitman from ABC General Practitioners	<b>NPI:</b> 2315644624	<b>PTAN:</b> 65436S
<b>Beneficiary name:</b> Kimberly Connor	<b>HICN:</b> 123452567B	<b>Date of birth:</b> 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 and PTAN please?

Caller – Our NPI number is 2315644624 and our PTAN is 65436S.

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. Did the CSR correctly authenticate the provider?

- A. Yes
- B. No

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

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

3. Should the CSR have disclosed the information?

- 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 authenticated the provider with the NPI and PTAN.**

2. 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.**

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  
Pawtucket, RI 00254  
Dr. Andrea Crichton, Provider Partners NE  
Island, CT 02251  
Dr. Lori Daniels, Provider Partners NW  
Dr. Richard Harrison, Provider Partners NW  
Dr. Eric Watts, Provider Partners NW

**Provider addresses:**

566 Century Rd.  
8898 Harbor Ave.

**NPI:**

4555644123 (NE)  
5467097897 (NW)

**PTAN:**

64367G (NE)  
86557Z (NW)  
93252F (NW)

96324A (NW)  
68436D (NE)

**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

June 12, 2008

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 and PTAN 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. The NPI or PTAN are not needed because the inquiry was sent on letterhead and the provider name and one of the addresses can be verified in the system.**

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

**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  
662 Cherry Lane  
Trenton, NJ 55565  
455-666-7676

September 25, 2007

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

## Determine the Response

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

- A. Yes
- B. No

2. What data element are you missing?

- A. Name
- B. HICN
- C. Date of birth

3. If the beneficiary were authenticated, 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 beneficiary?

- A. Yes
- B. No**

**Answer: No. You are missing a data element.**

2. What data element are you missing?

- A. Name
- B. HICN
- C. Date of birth**

**Answer: You are missing the date of birth.**

3. If the beneficiary were authenticated, could you disclose the requested information?

- A. Yes**
- B. No

**Answer: Yes. You can disclose secondary insurance information.**

## **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 phone 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 or 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 phone calls 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 services 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:**  
0594548245

**PTAN:**  
65441S

**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 and PTAN.

Caller – Certainly, her NPI is 0594548245 and her PTAN is 65441S.

CSR – Thank you. Now may I have the full 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. Did the CSR correctly authenticate the provider and beneficiary?

- 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. Did the CSR correctly authenticate the provider and beneficiary?

- A. Yes
- B. No

**Answer: Yes. The CSR correctly authenticated the provider and beneficiary.**

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

**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. 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. Please wait a moment while I check this out for you.

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?
  - 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?

- 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:**  
G7482T

**Beneficiary name:**  
Laura Kelly

**HICN:**  
125469875B

**Date of birth:**  
9/03/39

**E-Mail Message**

From: [sjones@testlab.com](mailto:sjones@testlab.com)

Sent: 5/29/08

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  
HICN: 125469875B  
Date of Birth: 9/3/69

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 give a response to an inquiry for preventive services information; however, you should inform the provider that he/she should 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: No. The e-mail message does not contain the provider name.**

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:**  
West Coast Physicians

**NPI:**  
3456712309

**PTAN:**  
096842

**Letter on Official Letterhead**

West Coast Psychiatric  
222 King Street  
San Francisco, CA 92365

September 19, 2007

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, only the group 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. PTAN and NPI
- C. Name, NPI, and PTAN
- D Name, NPI, and date of service

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 and PTAN
- B. Name or NPI and PTAN
- C. Name and NPI or PTAN
- 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. Provider address, beneficiary name, date of service, HICN
- B. Provider name, provider address, NPI or PTAN, beneficiary name, date of birth, HICN
- C. Provider name, provider address, NPI or PTAN, beneficiary name, date of service, HICN
- D. Provider name, provider address, beneficiary name, date of birth, 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.

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.



11. Can you release beneficiary eligibility information when the request is made on provider letterhead and the writer does not include a PTAN or NPI?

A. No, you must obtain the provider's PTAN or NPI first.

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 an NPI/PTAN pair that is not recognized by the CSR's system, 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.

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. PTAN and NPI**

C. Name, NPI, and PTAN

D Name, NPI, and date of service

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 and PTAN

B. Name or NPI and PTAN

**C. Name and NPI or PTAN**

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. Provider address, beneficiary name, date of service, HICN

B. Provider name, provider address, NPI or PTAN, beneficiary name, date of birth, HICN

C. Provider name, provider address, NPI or PTAN, beneficiary name, date of service, HICN

**D. Provider name, provider address, beneficiary name, date of birth, 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.**

11. Can you release beneficiary eligibility information when the request is made on provider letterhead and the writer does not include a PTAN or NPI?

A. No, you must obtain the provider's PTAN or NPI first.

**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 an NPI/PTAN pair that is not recognized by the CSR's system, 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.

## 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	NPI and PTAN	<p>Name HICN Date of birth</p> <p>Beneficiary's verbal or written consent, unless the provider needs the information in order to properly bill Medicare.</p>	<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"> <li>• Claim received (yes/no)</li> <li>• Date processed</li> <li>• Reason for denial or reduction</li> <li>• Cross-over information including whether the claim was crossed over, to whom it crossed with and the reason why it crossed, if applicable.</li> </ul> <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>



<b>Inquiry Type</b>	<b>Authenticate Provider</b>	<b>Authenticate Beneficiary</b>	<b>If all authentication elements match, you may release the following information for Assigned Claims</b>	<b>If all authentication elements match, you may release the following information for Non-assigned Claims</b>
IVR	NPI and PTAN	<p>Name HICN Date of birth</p> <p>Beneficiary's verbal or written consent, unless the provider needs the information in order to properly bill Medicare.</p>	<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"> <li>• Claim received (yes/no)</li> <li>• Date processed</li> <li>• Reason for denial or reduction</li> <li>• Cross-over information including whether the claim was crossed over, to whom it crossed with and the reason why it crossed, if applicable.</li> </ul> <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>

<b>Inquiry Type</b>	<b>Authenticate Provider</b>	<b>Authenticate Beneficiary</b>	<b>If all authentication elements match, you may release the following information for Assigned Claims</b>	<b>If all authentication elements match, you may release the following information for Non-assigned Claims</b>
Written	<p>Name and NPI or PTAN</p> <p>If inquiry is received on provider's official letterhead, including e-mails with an attachment on letterhead, the NPI or PTAN is not needed.</p>	<p>Name HICN Date of birth</p> <p>Beneficiary's verbal or written consent, unless the provider needs the information in order to properly bill Medicare.</p>	<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"> <li>• Claim received (yes/no)</li> <li>• Date processed</li> <li>• Reason for denial or reduction</li> <li>• Cross-over information including whether the claim was crossed over, to whom it crossed with and the reason why it crossed, if applicable.</li> </ul> <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 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	NPI and PTAN	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"> <li>• Claim received (yes/no)</li> <li>• Date processed</li> <li>• Reason for denial or reduction</li> <li>• Cross-over information including whether the claim was crossed over, to whom it crossed with and the reason why it crossed, if applicable.</li> </ul> <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>

<b>Inquiry Type</b>	<b>Authenticate Provider</b>	<b>Authenticate Beneficiary</b>	<b>If all authentication elements match, you may release the following information for Assigned Claims</b>	<b>If all authentication elements match, you may release the following information for Non-assigned Claims</b>
IVR	NPI and PTAN	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"> <li>• Claim received (yes/no)</li> <li>• Date processed</li> <li>• Reason for denial or reduction</li> <li>• Cross-over information including whether the claim was crossed over, to whom it crossed with and the reason why it crossed, if applicable.</li> </ul> <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>

<b>Inquiry Type</b>	<b>Authenticate Provider</b>	<b>Authenticate Beneficiary</b>	<b>If all authentication elements match, you may release the following information for Assigned Claims</b>	<b>If all authentication elements match, you may release the following information for Non-assigned Claims</b>
Written	<p>Name and NPI or PTAN</p> <p>If inquiry is received on provider's official letterhead, including e-mails with an attachment on letterhead, the NPI or PTAN is not needed.</p>	<p>Name HICN Date of service</p>	<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"> <li>• Claim received (yes/no)</li> <li>• Date processed</li> <li>• Reason for denial or reduction</li> <li>• Cross-over information including whether the claim was crossed over, to whom it crossed with and the reason why it crossed, if applicable.</li> </ul> <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 CMN or DIF Information – Pre-claim**

<b>Inquiry Type</b>	<b>Authenticate Provider</b>	<b>Authenticate Beneficiary</b>	<b>If all authentication elements match, you may release the following:</b>
CSR	NPI and PTAN	<p>Name HICN Date of birth</p> <p>Beneficiary’s verbal or written consent, unless the provider needs the information in order to properly bill Medicare.</p>	<p>Information that will assist the provider in billing Medicare properly, including the following:</p> <ul style="list-style-type: none"> <li>● Initial date</li> <li>● Recertification date</li> <li>● Length of need</li> <li>● Other elements necessary to bill Medicare properly</li> </ul> <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>

<b>Inquiry Type</b>	<b>Authenticate Provider</b>	<b>Authenticate Beneficiary</b>	<b>If all authentication elements match, you may release the following:</b>
IVR	NPI and PTAN	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"> <li>• Initial date</li> <li>• Recertification date</li> <li>• Length of need</li> <li>• Other elements necessary to bill Medicare properly</li> </ul> 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.

<b>Inquiry Type</b>	<b>Authenticate Provider</b>	<b>Authenticate Beneficiary</b>	<b>If all authentication elements match, you may release the following:</b>
Written	<p>Name and NPI or PTAN</p> <p>If inquiry is received on provider's official letterhead, including e-mails with an attachment on letterhead, the NPI or PTAN is not needed.</p>	<p>Name HICN Date of birth</p> <p>Beneficiary's verbal or written consent, unless the provider needs the information in order to properly bill Medicare.</p>	<p>Information that will assist the provider in billing Medicare properly, including the following:</p> <ul style="list-style-type: none"> <li>• Initial date</li> <li>• Recertification date</li> <li>• Length of need</li> <li>• Other elements necessary to bill Medicare properly</li> </ul> <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 CMN or DIF Information – Post-claim**

<b>Inquiry Type</b>	<b>Authenticate Provider</b>	<b>Authenticate Beneficiary</b>	<b>If all authentication elements match, you may release the following:</b>
CSR	NPI and PTAN	Name HICN Date of service	<p>Information that will assist the provider in billing Medicare properly, including the following:</p> <ul style="list-style-type: none"> <li>● Initial date</li> <li>● Recertification date</li> <li>● Length of need</li> <li>● Other elements necessary to bill Medicare properly</li> </ul> <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>

<b>Inquiry Type</b>	<b>Authenticate Provider</b>	<b>Authenticate Beneficiary</b>	<b>If all authentication elements match, you may release the following:</b>
IVR	NPI and PTAN	Name HICN Date of service	<p>Information that will assist the provider in billing Medicare properly, including the following:</p> <ul style="list-style-type: none"> <li>● Initial date</li> <li>● Recertification date</li> <li>● Length of need</li> <li>● Other elements necessary to bill Medicare properly</li> </ul> <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>

<b>Inquiry Type</b>	<b>Authenticate Provider</b>	<b>Authenticate Beneficiary</b>	<b>If all authentication elements match, you may release the following:</b>
Written	<p>Name and NPI or PTAN</p> <p>If inquiry is received on provider's official letterhead, including e-mails with an attachment on letterhead, the NPI or PTAN is not needed.</p>	<p>Name HICN 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"> <li>• Initial date</li> <li>• Recertification date</li> <li>• Length of need</li> <li>• Other elements necessary to bill Medicare properly</li> </ul> <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	NPI and PTAN	Name HICN Date of birth	<ul style="list-style-type: none"> <li>● Part A current and previous entitlement and termination dates</li> <li>● Part B current and previous entitlement and termination dates</li> <li>● Deductible met (yes/no)</li> <li>● Managed care (yes/no)</li> <li>● MSP (yes/no)</li> <li>● Crossover established (yes/no)</li> <li>● Home health (yes/no)</li> <li>● Hospice (yes/no)</li> <li>● SNF (yes/no)</li> <li>● Pneumococcal vaccine (yes/no)</li> </ul>	<ul style="list-style-type: none"> <li>● Deductible remaining (Part A) or applied (Part B)</li> <li>● Managed care (plan #, name, address, type, enrollment and termination dates)</li> <li>● MSP (insurer name, policy #, effective and termination dates, type of primary insurance, insurer address)*</li> <li>● Claims crossover status (insurer or supplemental payer names, COBA ID, effective and termination dates, deletion dates)</li> <li>● Home health (applicable earliest and latest dates)</li> <li>● Hospice (applicable earliest and latest dates)</li> <li>● SNF (applicable earliest and latest dates)</li> <li>● Pneumococcal vaccine (administration date)</li> <li>● Influenza vaccine (administration date)</li> <li>● Hepatitis B vaccine (administration date)</li> </ul>

				<ul style="list-style-type: none"><li>• Blood deductible</li><li>• Date of death</li> <li>• 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.</li></ul>
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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	NPI and PTAN	Name HICN Date of birth	<ul style="list-style-type: none"> <li>● Part A current and previous entitlement and termination dates</li> <li>● Part B current and previous entitlement and termination dates</li> <li>● Deductible met (yes/no)</li> <li>● Managed care (yes/no)</li> <li>● MSP (yes/no)</li> <li>● Crossover established (yes/no)</li> <li>● Home health (yes/no)</li> <li>● Hospice (yes/no)</li> <li>● SNF (yes/no)</li> <li>● Pneumococcal vaccine (yes/no)</li> </ul>	<ul style="list-style-type: none"> <li>● Deductible remaining (Part A) or applied (Part B)</li> <li>● Managed care (plan #, name, address, type, enrollment and termination dates)</li> <li>● MSP (insurer name, policy #, effective and termination dates, type of primary insurance, insurer address)*</li> <li>● Claims crossover status (insurer or supplemental payer names, COBA ID, effective and termination dates, deletion dates)</li> <li>● Home health (applicable earliest and latest dates)</li> <li>● Hospice (applicable earliest and latest dates)</li> <li>● SNF (applicable earliest and latest dates)</li> <li>● Pneumococcal vaccine (administration date)</li> <li>● Influenza vaccine (administration date)</li> <li>● Hepatitis B vaccine (administration date)</li> <li>● Blood deductible</li> <li>● Date of death</li> </ul>

				<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>
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<b>Inquiry Type</b>	<b>Authenticate Provider</b>	<b>Authenticate Beneficiary</b>	<b>If all authentication elements match, you may release the following:</b>	<b>You may release the following elements when prompted by the inquirer:</b>
Written	<p>Name and NPI or PTAN</p> <p>If inquiry is received on provider's official letterhead, including e-mails with an attachment on letterhead, the NPI or PTAN is not needed.</p>	<p>Name HICN Date of birth</p>	<ul style="list-style-type: none"> <li>● Part A current and previous entitlement and termination dates</li> <li>● Part B current and previous entitlement and termination dates</li> <li>● Deductible met (yes/no)</li> <li>● Managed care (yes/no)</li> <li>● MSP (yes/no)</li> <li>● Crossover established (yes/no)</li> <li>● Home health (yes/no)</li> <li>● Hospice (yes/no)</li> <li>● SNF (yes/no)</li> <li>● Pneumococcal vaccine (yes/no)</li> </ul>	<ul style="list-style-type: none"> <li>● Deductible remaining (Part A) or applied (Part B)</li> <li>● Managed care (plan #, name, address, type, enrollment and termination dates)</li> <li>● MSP (insurer name, policy #, effective and termination dates, type of primary insurance, insurer address)*</li> <li>● Claims crossover status (insurer or supplemental payer names, COBA ID, effective and termination dates, deletion dates)</li> <li>● Home health (applicable earliest and latest dates)</li> <li>● Hospice (applicable earliest and latest dates)</li> <li>● SNF (applicable earliest and latest dates)</li> <li>● Pneumococcal vaccine (administration date)</li> <li>● Influenza vaccine (administration date)</li> <li>● Hepatitis B vaccine (administration date)</li> <li>● Blood deductible</li> <li>● Date of death</li> </ul>



				<ul style="list-style-type: none"><li>• 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.</li></ul>
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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	NPI and PTAN	Name HICN Date of birth	<ul style="list-style-type: none"> <li>• ESRD (renal supplies, ESRD effective dates, transplant discharge date)</li> <li>• Alternate method dialysis (Method 1, Method 2, SRD effective date, transplant discharge date)</li> <li>• Home health (provider name, servicing contractor, applicable dates)</li> <li>• Hospice (provider name, servicing contractor, applicable dates)</li> <li>• 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)</li> <li>• Long term care (hospital days remaining, deductible amount, co-insurance days remaining, lifetime reserve days)</li> <li>• Rehabilitation room and board (hospital days remaining, co-insurance hospital days remaining, lifetime reserve days)</li> <li>• Psychiatric limitation (full benefit days remaining, lifetime days remaining, regular co-insurance days remaining, lifetime reserve co-insurance days remaining, benefits exhaust date)</li> <li>• SNF (days remaining, co-insurance days remaining, date of earliest billing action, date of latest billing action)</li> <li>• Therapy cap information including remaining limitation dollar amount and/or amount applied for: Speech Therapy, Occupational Therapy, Physical Therapy</li> </ul>

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	NPI and PTAN	Name HICN Date of birth	<ul style="list-style-type: none"> <li>● ESRD (renal supplies, ESRD effective dates, transplant discharge date)</li> <li>● Alternate method dialysis (Method 1, Method 2, SRD effective date, transplant discharge date)</li> <li>● Home health (provider name, servicing contractor, applicable dates)</li> <li>● Hospice (provider name, servicing contractor, applicable dates)</li> <li>● 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)</li> <li>● Long term care (hospital days remaining, deductible amount, co-insurance days remaining, lifetime reserve days)</li> <li>● Rehabilitation room and board (hospital days remaining, co-insurance hospital days remaining, lifetime reserve days)</li> <li>● Psychiatric limitation (full benefit days remaining, lifetime days remaining, regular co-insurance days remaining, lifetime reserve co-insurance days remaining, benefits exhaust date)</li> <li>● SNF (days remaining, co-insurance days remaining, date of earliest billing action, date of latest billing action)</li> <li>● Therapy cap information including remaining limitation dollar amount and/or amount applied for: Speech Therapy, Occupational Therapy, Physical Therapy</li> </ul>

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	<p>Name and NPI or PTAN</p> <p>If inquiry is received on provider's official letterhead, including e-mails with an attachment on letterhead, the NPI or PTAN is not needed.</p>	<p>Name HICN Date of birth</p>	<ul style="list-style-type: none"> <li>• ESRD (renal supplies, ESRD effective dates, transplant discharge date)</li> <li>• Alternate method dialysis (Method 1, Method 2, SRD effective date, transplant discharge date)</li> <li>• Home health (provider name, servicing contractor, applicable dates)</li> <li>• Hospice (provider name, servicing contractor, applicable dates)</li> <li>• 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)</li> <li>• Long term care (hospital days remaining, deductible amount, co-insurance days remaining, lifetime reserve days)</li> <li>• Rehabilitation room and board (hospital days remaining, co-insurance hospital days remaining, lifetime reserve days)</li> <li>• Psychiatric limitation (full benefit days remaining, lifetime days remaining, regular co-insurance days remaining, lifetime reserve co-insurance days remaining, benefits exhaust date)</li> <li>• SNF (days remaining, co-insurance days remaining, date of earliest billing action, date of latest billing action)</li> <li>• Therapy cap information including remaining limitation dollar amount and/or amount applied for: Speech Therapy, Occupational Therapy, Physical Therapy</li> </ul>

## 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:
CSR	NPI and PTAN	Name HICN Date of birth	<ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm Screening</li> <li>• Adult Immunizations</li> <li>• Bone Mass Measurements</li> <li>• Cancer Screenings</li> <li>• Cardiovascular Screening</li> <li>• Diabetes Screening</li> <li>• Diabetes Supplies</li> <li>• Diabetes Self-Management Training</li> <li>• Medical Nutrition Therapy (for Medicare beneficiaries with diabetes or renal disease)</li> <li>• Glaucoma Screening</li> <li>• Initial Preventive Physical Exam ("Welcome to Medicare" Physical Exam)</li> <li>• Smoking and Tobacco-Use Cessation Counseling</li> </ul> <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>

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	NPI and PTAN	Name HICN Date of birth	<ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm Screening</li> <li>• Adult Immunizations</li> <li>• Bone Mass Measurements</li> <li>• Cancer Screenings</li> <li>• Cardiovascular Screening</li> <li>• Diabetes Screening</li> <li>• Diabetes Supplies</li> <li>• Diabetes Self-Management Training</li> <li>• Medical Nutrition Therapy (for Medicare beneficiaries with diabetes or renal disease)</li> <li>• Glaucoma Screening</li> <li>• Initial Preventive Physical Exam ("Welcome to Medicare" Physical Exam)</li> <li>• Smoking and Tobacco-Use Cessation Counseling</li> </ul> <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>

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>Name and NPI or PTAN</p> <p>If inquiry is received on provider's official letterhead, including e-mails with an attachment on letterhead, the NPI or PTAN is not needed.</p>	<p>Name HICN Date of birth</p>	<ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm Screening</li> <li>• Adult Immunizations</li> <li>• Bone Mass Measurements</li> <li>• Cancer Screenings</li> <li>• Cardiovascular Screening</li> <li>• Diabetes Screening</li> <li>• Diabetes Supplies</li> <li>• Diabetes Self-Management Training</li> <li>• Medical Nutrition Therapy (for Medicare beneficiaries with diabetes or renal disease)</li> <li>• Glaucoma Screening</li> <li>• Initial Preventive Physical Exam ("Welcome to Medicare" Physical Exam)</li> <li>• Smoking and Tobacco-Use Cessation Counseling</li> </ul> <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>