CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-09 Medicare Contract Beneficiary and Provider Communications	Centers for Medicare & Medicaid Services (CMS)
Transmittal 23	**Date: FEBRUARY 10, 2009**
	Change Request 6139

NOTE: This transmittal rescinds and replaces Transmittal 22, dated, August 8, 2008. The implementation date is changed from January 5, 2009 to April 6, 2009 for the Fiscal Intermediary Shared System (FISS). The effective date is changed from March 1, 2009 to April 6, 2009 for the Medicare Fee-for-Service contractors. All other information remains the same.

Subject: Implementation of New Provider Authentication Requirements for Medicare Contractor Provider Telephone and Written Inquiries

I. SUMMARY OF CHANGES: This CR is intended to address the necessary provider authentication requirements to complete IVR transactions and to complete a call with a Customer Service Representative (CSR). The Disclosure Desk Reference for Provider Contact Centers will be updated in Chapter 3, section 30 and Chapter 6, section 80 to reflect these changes. CMS will require the National Provider Identifier (NPI), Provider Transaction Access Number (PTAN), and the 5-digits of the tax identification number (TIN) of the provider to authenticate a call. CMS will also request the NPI, PTAN, and TIN for written correspondence with exceptions for providers who use letterhead. For this change request, the implementation date precedes the effective date to allow for shared-system and/or business process updates before new claims processing policies take effect.

New / Revised Material
Effective Date: April 6, 2009—To implement new authentication requirements on IVR for use by CSRs based on standard system changes.
Implementation Date: Standard system changes shall be completed by January 05, 2009 **for MCS and VMS. FISS shall be completed by April 6, 2009.**

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
R	3/Table of Contents
R	3/20.1/Guidelines for Telephone Service
R	3/30.1/Provider Authentication Elements
N	3/30.1.1/National Provider Identifier (NPI)
N	3/30.1.2/Provider Transaction Access Number (PTAN)
N	3/30.1.3/Tax Identification Number (TIN)

R	3/30.2/Inquiry Types
R	3/30.2.1/Telephone Inquiries
R	3/30.2.1.1/Contractor Discretion Concerning IVR Information
R	3/30.2.2/Written Inquiries
R	3/30.3.1/Overlapping Claims
R	3/30.3.4/Requests for Information Available on the Remittance Advice
R	3/30.5.1/Authentication of Provider Elements for CSR Inquiries
R	3/30.5.2/Authentication of Provider Elements for IVR Inquiries
R	3/30.5.3/Authentication of Provider Elements for Written Inquiries
R	6/80.1/Provider Authentication Elements
R	6/80.1.1/National Provider Identifier (NPI)
D	6/80.1.1.1/Contractor Discretion Concerning IVR Information
R	6/80.1.2/Provider Transaction Access Number (PTAN)
N	6/80.1.3/Tax Identification Number (TIN)
R	6/80.2/Inquiry Types
R	6/80.2.1/Telephone Inquiries
R	6/80.2.1.1/Contractor Discretion Concerning IVR Information
R	6/80.2.2/Written Inquiries
R	6/80.3.1/Overlapping Claims
R	6/80.3.4/Requests for Information Available on the Remittance Advice
R	6/80.5.1/Authentication of Provider Elements for CSR Inquiries
R	6/80.5.2/Authentication of Provider Elements for IVR Inquiries
R	6/80.5.3/Authentication of Provider Elements for Written Inquiries

III. FUNDING:
SECTION A: For Fiscal Intermediaries and Carriers:
Funding for implementation activities will be provided to contractors through the regular budget process.

SECTION B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment – Business Requirements

Pub. 100-09	Transmittal: 23	Date: February 10, 2009	Change Request: 6139

NOTE: This transmittal rescinds and replaces Transmittal 22, dated, August 8, 2008. The implementation date is changed from January 5, 2009 to April 6, 2009 for the Fiscal Intermediary Shared System (FISS). The effective date is changed from March 1, 2009 to April 6, 2009 for the Medicare Fee-for-Service contractors. All other information remains the same.

SUBJECT: Implementation of New Provider Authentication Requirements for Medicare

Effective Date: **April 6, 2009**—To implement new authentication requirements on IVR for use by CSRs based on standard system changes.

Implementation Date: Standard system changes shall be completed by January 05, 2009 **for MCS and VMS. FISS shall be completed by April 6, 2009.**

I. GENERAL INFORMATION

A. Background:

CMS must address the current provider authentication process for providers who use the IVR system or call a CSR because of issues with the public availability of previous authentication elements. In order to do our best to safeguard providers' information prior to revealing information on claims status, beneficiary eligibility, and other provider related questions, CMS added an additional provider authentication element, the last 5-digits of the provider's tax identification number.

This CR is intended to address the necessary provider authentication requirements to complete IVR transactions and to complete a call with a Customer Service Representative (CSR). The Disclosure Desk Reference for Provider Contact Centers will be updated in Chapter 3, section 30 and Chapter 6, section 80 to reflect these changes. CMS will require the National Provider Identifier (NPI), Provider Transaction Access Number (PTAN), and the last 5-digits of the tax identification number (TIN) of the provider to authenticate a call.

B. Policy:

In order to comply with the requirements of the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act, customer service staff at Medicare fee for service provider contact centers shall properly authenticate callers and writers before disclosing protected health information.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)						
		A/B	DME	FI	CAR	RHH	Shared-System Maintainers	OTHER

							FISS	MCS	VMS	CWF	
6139.1	Contractor IVRs shall be programmed to request and accept the NPI as the first authentication element for IVR transactions.	X	X	X	X	X					
6139.1.1	Contractor CSRs shall request and accept the NPI as the first authentication element when answering telephone calls.	X	X	X	X	X					
6139.1.2	Contractor IVRs shall perform basic NPI editing and validation to ensure there is an association between the NPI and this provider. This also includes checking the NPI for 9 numeric digits followed by a numeric check digit in the 10th position.	X	X	X	X	X					
6139.1.3	The CSR shall perform basic NPI editing and validation to ensure there is an association between the NPI and this provider.	X	X	X	X	X					
6139.1.4	The IVR shall prompt the inquirer to re-enter the NPI where it fails validation. No more than 3 attempts shall be allowed.	X	X	X	X	X					
6139.2	Contractor IVRs shall be programmed to request and accept the PTAN as the second authentication element for IVR transactions.	X	X	X	X	X					
6139..2.1	Contractor CSRs shall request and accept the PTAN as the second authentication element when answering telephone calls.	X	X	X	X	X					
6139.2.2	Contractor IVRs shall perform basic editing and validation to ensure there is an association between the NPI and PTAN to this provider. This also includes checking for the correct number of alpha-numeric characters based upon the PTAN entered. PTAN validation can vary by contractor site.	X	X	X	X	X					
6139.2.3	The CSR shall perform basic editing and validation to ensure there is an association between the NPI and PTAN to this provider. This also includes checking for the correct number of alpha-numeric characters based upon the PTAN provided. PTAN validation can vary by contractor site.	X	X	X	X	X					
6139.2.4	The IVR shall prompt the inquirer to re-enter the PTAN where it fails validation. No more than 3 attempts shall be allowed.	X	X	X	X	X					
6139.2.5	Contractor IVRs shall accept any valid and associated PTAN for the NPI entered by the inquirer when there is a one-to-many relationship.	X	X	X	X	X					
6139.2.6	Contractor CSRs shall accept any valid and associated PTAN for the NPI provided by the inquirer when there is a one-to-many relationship.	X	X	X	X	X					

6139.3	Contractor IVRs shall be programmed to request and accept the last 5-digits of the TIN as the third authentication element for IVR transaction.	X	X	X	X	X					
6139.3.1	Contractor CSRs shall request and accept the last 5-digits of the TIN as the third authentication element when answering telephone calls.	X	X	X	X	X					
6139.3.2	Contractor IVRs shall perform TIN editing and validation to ensure there is an association between the NPI, PTAN and the last 5-digits of the TIN to the provider.	X	X	X	X	X					
6139.3.3	Contractor CSRs shall perform TIN editing and validation to ensure there is an association between the NPI, PTAN and last 5-digits of the TIN to the provider.	X	X	X	X	X					
6139.3.4	The IVR shall prompt the inquirer to re-enter the last 5-digits of the TIN where it fails validation. No more than 3 attempts shall be allowed.	X	X	X	X	X					
6139.4	Contractor IVRs shall send to the standard systems a standard ARU transaction to accept the NPI, PTAN and TIN and validate there is an association between them. (ARUP/FSSU).	X	X	X	X	X					
6139.5	The IVR shall accept positive code(s) returned from the shared system where the NPI, PTAN, and TIN have been successfully verified.	X	X	X	X	X					
6139.5.1	The IVR shall accept negative code(s) returned from the shared system where the NPI, PTAN, and/or TIN fail the verification process.	X	X	X	X	X					
6139.6	Contractor IVRs shall perform the verification transaction where the IVR utilizes an internal verification process (e.g., crosswalk data extraction).	X	X	X	X	X					
6139.7	Contractor IVRs shall accept positive code(s) from its internal verification process (e.g., crosswalk data extraction) where the NPI, PTAN and TIN have been successfully verified.	X	X	X	X	X					
6139.7.1	Contractor IVRs shall accept negative code(s) from its internal verification process (e.g., crosswalk data extraction) where the NPI, PTAN and/or TIN fail the verification process.	X	X	X	X	X					
6139.8	The IVR shall return all associated information to the inquirer by request type where a one-to-many relationship exists regardless of the PTAN entered. For example, where a provider is requesting claim information for a particular Health Insurance Claim Number (HICN) and date of service (DOS); and has entered its NPI, last 5-digits of the TIN and an associated PTAN correctly, the IVR shall return all associated claims regardless of the PTAN originally provided. Only return those that are associated with the NPI entered (not all claims associated with this TIN).	X	X	X	X	X					

6139.9	Contractor IVRs shall be programmed to disengage (if necessary) within five (5) calendar days of a CMS notification for the requirement to enter the NPI, PTAN and last 5-digits of the TIN.	X	X	X	X	X					

6139.10	The shared systems shall provide contractors the return codes that it will use so IVR programming can be implemented.						X	X	X		
6139.11	For written inquiries, contractors shall authenticate providers on written inquiries with three data elements, NPI, PTAN and last 5-digits of the TIN with the exception of letters received on letterhead or Email with Attachment on Letterhead.	X	X	X	X	X					
6139.12	For written inquiries on letterhead or Email with Attachment on Letterhead, contractors shall authenticate providers by name and one data element, NPI, or PTAN or last 5-digits of the TIN.	X	X	X	X	X					
6139.13	For written inquiries on letter or Email with Attachment on Letterhead, contractors shall verify the provider's practice location and name on the letter matches the contractor's file for this provider.	X	X	X	X	X					
6139.14	For written inquiries on letter or Email with Attachment on Letterhead, contractors must educate providers to send in written inquiries on letterhead that include one of the following, NPI, or PTAN, or last 5-digits of the TIN.	X	X	X	X	X					
6139.15	Contractors shall educate providers that in order to use the IVR or speak to a CSR, they must provide a new data element, the last 5-digits of the TIN.	X	X	X	X	X					
6139.16	Shared systems shall be coded to systematically accept and verify the NPI as the 1st authentication element.						X	X	X		
6139.16.1	Shared systems shall be coded to systematically accept and verify the PTAN as the second authentication element.						X	X	X		
6139.16.2	Shared systems shall be coded to systematically accept and verify the last 5-digits of the TIN as the third authentication element.						X	X	X		
6139.17	To assist the Customer Service Representative, the shared systems shall display the 3rd authentication element, last 5-digits of the TIN, with the NPI and PTAN in an easily accessible format.						X	X	X		
6139.18	Shared systems shall return positive code(s) in one transaction to the IVR after successful NPI, PTAN, and last 5-digits of the TIN verification by the crosswalk database.						X	X	X		
6139.18.1	Shared systems shall only return positive code(s) to the IVR where there is an association between the submitted NPI, PTAN and last 5-digits of the TIN.						X	X	X		
6139.19	In cases of one-to-many relationships, the shared system shall return a positive code where the submitted PTAN is linked to or associated with the submitted NPI and last 5-digits of the TIN as verified by the crosswalk database.						X	X	X		
6139.20	Shared systems shall return negative code(s) in one transaction to the IVR where the NPI, PTAN and last 5-						X	X	X		

	digits of the TIN could not be linked or associated in the crosswalk database.										
6139.21	Contractors shall begin IVR programming changes by September 04, 2008. After the standard systems implementation date, 01/3/2009, IVR changes shall be tested and ready for implementation within 60 days of the standard systems changes, 03/03/2009.	X	X	X	X	X					
6139.22	Contractors shall submit within five (5) business days from issuance of this CR an estimate of costs to Patricia.Snyder@cms.hhs.gov or through the appropriate MAC Project Officer.	X	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6139.23	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X	X					

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): Patti Snyder 410-786-5991
Emily Norment 410-786-4095

Post-Implementation Contact(s): Patti Snyder 410-786-5991
Emily Norment 410-786-4095

VI. FUNDING

Funding for implementation activities will be provided to contractors through the regular budget process.

Section A: For *Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Carriers (RHHIs)* use only one of the following statements:

Funding for implementation activities will be provided to contractors through the regular budget process.

Section B: *For Medicare Administrative Contractors (MACs)*:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Medicare Contractor Beneficiary and Provider Communications Manual

Chapter 3 - Provider Inquiries

(Rev. 23, 02-10-09)

30.1 – *Provider Authentication Elements*

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

The requirements to authenticate providers who use the IVR system or call a CSR are the National Provider Identifier (NPI), Provider Transaction Access Number (PTAN), and the last 5-digits of the tax identification number (TIN).

30.1.1 – National Provider Identifier (NPI)

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

The NPI is the first authentication data element the contractor will use to identify the provider. The contractor shall validate there is an association between the NPI and the caller/writer. In scenarios where the crosswalk can not validate this information, refer to section 30.2.1.C for clarification. The NPI is included in the provider enrollment letters.

30.1.2 - Provider Transaction Access Number (PTAN)

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

The PTAN is the second authentication data element the contractor will use to identify the provider. The contractor shall validate there is an association between the PTAN and the caller/writer. In scenarios where the crosswalk can not validate this information, refer to section 30.2.1.C for clarification. The CSR shall accept any valid PTAN provided by the inquirer where there is a one-to-many relationship. The PTAN will be included in the provider enrollment letters.

30.1.3 – Tax Identification Number (TIN)

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

The last 5-digits of the TIN is the third authentication data element the contractor will use to identify the provider. The contractor shall ensure there is an association between the NPI, PTAN and the last 5-digits of the TIN to the provider prior to releasing any beneficiary or claim specific information, as well as financial data.

30.2 – *Inquiry Types*

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

Telephone and written inquiries are addressed in the following subsections.

30.2.1 - *Telephone Inquiries*

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

The Disclosure Desk Reference chart contains the information contractors shall use to authenticate the identity of a caller, so that the information can then be released by CSRs or inquiries answered via Interactive Voice Response (IVR). Contractors are reminded that the guidance contained in this section does not supersede requirements in section*s* 20.1*.1 and 20.1.2* concerning operation of the Provider Contact Center and handling of telephone inquiries.

A. **CSR Telephone Inquiries** – *CSRs shall authenticate providers with three data elements - NPI, PTAN, and last 5-digits of the TIN.* Contractors shall have the discretion to use the provider name as an additional authentication element in order to ascertain the specific claim and/or beneficiary information being requested.

B. **IVR Telephone Inquiries** -- Contractors' IVRs shall authenticate providers with three data elements - *NPI, PTAN, and last 5-digits of the TIN.*

C. **Authentication of Providers with No NPI –** In limited circumstances, there will be situations where providers will never be assigned an NPI. These situations may include retired/terminated providers. There also may be situations where an inquiry is made regarding a claim submitted by a provider who has since deceased. *If a provider enters an NPI or NPI/PTAN pair that has been deactivated in the system, the IVR may be unable to authenticate the provider at the front end. Additionally, the provider may be able to be authenticated by the IVR, but if the claim was processed using a different NPI/PTAN pair that has since been deactivated, the IVR may not be able to find the claim and return claims status information. In such instances, since CSRs also authenticate using the NPI, CSRs shall authenticate on at least two additional data elements available in the provider's record, such as provider name, remittance address, and provider master address before releasing information to the provider.*

D. **Beneficiary Authentication** - *Contractors shall authenticate four beneficiary data elements before disclosure of beneficiary information no matter the type of telephone inquiry (CSR or IVR).* The data elements are (1) last name, (2) first name or initial, (3) Health Insurance Claim Number (HICN) and (4) either date of birth (eligibility, next eligible date, Durable Medical Equipment Medicare Administrative Contractor Information Form (DIF) (pre-claim) **or** date of service (claim status, CMN/DIF (post-claim.)) Specific guidance related to these data elements, along with any exceptions, is contained in the disclosure chart.

If the CSR or IVR determines that the authentication elements provided are insufficient or inaccurate, the inquirer will be required to provide accurate information before the information being sought is released. The CSR and, if feasible, the IVR, should relay to the inquirer which element does not match (i.e., date of birth rather than day or month or year) and instruct them to check the beneficiary's record, which should include a copy of the Medicare card, and/or follow up with the beneficiary, for the correct information.

As mentioned above, for situations not specifically addressed here, the CSR *shall* use his/her discretion, taking care to protect the beneficiary's privacy and confidentiality. CSRs shall refer situations in which he/she is unsure of whether or not to release information to his/her supervisor or to the contractor's privacy official. Contractors *shall* forward further questions to CMS at the email address provided above.

In situations where a caller is transferred from the IVR to a CSR, if the provider data elements were authenticated in the IVR and that information is passed to the CSR, the CSR should not re-authenticate the provider before information is released. If a contractor's desktop system displays caller authentication elements when the CSR picks up the call, then only the beneficiary elements need to be authenticated. The main point is that the CSR shall have all information relating to authentication and need only request from the caller those data elements not being populated on the CSR's screen by the desktop system.

30.2.1.1 - *Contractor Discretion Concerning IVR Information*

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

Contractors shall have discretion about whether to offer some types of information through their IVR. If contractors decide to offer this information, the Disclosure Desk Reference offers guidelines on how to authenticate providers prior to releasing information. Contractors *shall* review the chart*s* in *section 30.5* for more information.

Contractors shall use, among other data, analysis and provider feedback to determine what to offer via the IVR. Additionally, contractors shall determine the information relevant to their providers that can be automated and that which, if automated, would direct the most calls to the IVR and away from the CSRs. However, contractors shall note that the information contained in the disclosure chart does not supersede any requirements for IVR operation elsewhere in this chapter (*section* 20.1.*2*).

30.2.2 - *Written Inquiries*

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

Authentication elements for providers are determined by how the inquiry is received, as CMS allows exceptions for inquiries received on provider letterhead. Contractors shall use the guidelines in the chart to authenticate providers for written inquiries as well as

the information below. Contractors are reminded that the guidance contained in this section does not supersede requirements in section 20.3 concerning handling of written inquiries.

A. Written Inquiry - Provider Authentication - *Contractors shall authenticate providers on written inquiries with three data elements - NPI, PTAN, and last 5-digits of the TIN.*

Contractors shall authenticate providers for all written inquiries using the elements mentioned above, with the exceptions noted in *subsection* B.

B. Exception: Method of Receipt – Hardcopy on Letterhead or Email with Attachment on Letterhead – For written inquiries received on the provider's official letterhead, including emails with an attachment on letterhead, authentication of the provider will be met if the provider's name and address are included in the letterhead and clearly establish the identity of the provider. *Therefore, the provider's practice location and name on the letterhead must match the contractor's file for this provider.*

In addition, the letter or email shall match one of the following elements mentioned above - NPI, PTAN, or last 5-digits of the TIN. Providers shall also be educated to send in written inquiries on letterhead that include one of the following - NPI, PTAN, or last 5-digits of the TIN. If all authentication elements are met, contractors shall respond with the information requested in writing via regular mail. (Contractors shall see the information about responding to inquiries received via email and fax below.)

In the case of multiple addresses on the letterhead, as long as one of the addresses match*es the information in the contractor's file*, authentication is considered met. Providers should be educated to send in written inquiries on letterhead that contain all practice locations or to use letterhead that has the address that Medicare has on record for that provider.

Contractors shall treat requests submitted via fax on provider letterhead as written inquiries and subject to the same authentication requirements as those received in regular mail. Contractors shall not fax responses containing protected health information, but shall instead send the information via regular mail.

C. Method of Receipt – Hardcopy/No Letterhead, Email/No Attachment on Letterhead or Pre-formatted Inquiry Forms – *For inquiries received without letterhead, including hardcopy, fax, email, pre-formatted inquiry forms or inquiries written on Remittance Advice (RAs) or Medicare Summary Notices (MSNs), contractors shall authenticate providers as detailed in subsection A. above.*

D. Special Note about Inquiries Received Via Email and Fax - For requests received via email and fax, assuming all authentication elements are present as detailed in *subsections* A. or B. above, whichever is applicable, contractors shall respond as directed in *sub*section 20.3.1.E in writing via regular mail with the requested information if there

is protected health information in the response. In the written response on contractor letterhead, contractors shall inform the provider that beneficiary-specific information cannot be disclosed electronically via email or fax and that, in the future, the provider must send a written inquiry through regular mail or use the IVR for beneficiary-specific information. Additionally, contractors shall have discretion to respond to these requests by telephone as specified in *subsection* 20.3.1.*D.*

For email requests only, contractors shall not notify the provider by email that they will be responding via paper or telephone. However, contractors have discretion to send an automated email reply to an email request as long as no protected health information is in the automated reply. Contractors shall ensure that the automated reply conveys the message that no beneficiary-specific information may be disclosed via email and that, in the future, the provider must send a written inquiry through regular mail or use the IVR for beneficiary-specific information.

Contractors are reminded that they may respond via email to email requests not involving protected health information or beneficiary-specific information (i.e., policy questions).

E. Beneficiary Authentication - Assuming provider authentication requirements are met as detailed in A. or B. above, whichever is applicable, contractors shall always authenticate beneficiary data elements before disclosure of information without regard to the date of the written inquiry or method of receipt. See the chart in *section* 30.5.4 for more information about authentication of beneficiary elements.

F. Requests Received Without Authentication Elements - For any written requests received without one or more authentication elements, without regard to date of inquiry or method of receipt, contractors shall return the request in its entirety to the provider stating that the requested information will be supplied upon submission of all authentication elements. Contractors shall indicate which overall elements are missing or do not match for authentication (i.e., date of birth rather than day or month or year.) Contractors shall return the inquiry to the provider via regular mail, although if sent via email without any protected health information, the inquiry may be returned via email.

Contractors have discretion to follow up with a telephone call to obtain the rest of the authentication elements instead of returning the inquiry or to close out the written inquiry with a telephone call (see *subsection* 20.3.1.*D* in this chapter). Contractors shall not leave a message containing protected health information on an answering machine. Contractors shall remind the provider to check its copy of the beneficiary's Medicare card and/or follow up with the beneficiary for the correct information.

For situations not specifically addressed here, the contractor *shall* use discretion, taking care to protect the beneficiary's privacy and confidentiality. Contractors shall refer situations in which they are unsure of whether or not to release information to a supervisor or to the contractor's privacy official. Contractors shall forward further questions to CMS at CMS ProviderServices@cms.hhs.gov.

30.3.1 - *Overlapping Claims*

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

Contractors sometimes receive multiple claims with the same or similar dates of service or billing periods. Overlap occurs when a date of service or billing period conflicts with another, indicating that one or the other may be incorrect.

In cases where a contractor receives an inquiry from a provider or another Medicare contractor requesting provider information to resolve an overlapping claim, contractors shall work with each other. Resolution can occur through various ways. One way is for one contractor to call the other contractor with or without the provider on the line. This will allow the contractor calling to assure the other contractor that the provider has given all necessary authentication elements. The contractor shall then release the needed information.

Only the contractor who is initially contacted by the provider shall authenticate the provider. Contractors shall authenticate the provider by verifying the provider's NPI, *PTAN, and last 5-digits of the TIN, as well as the* beneficiary name, HICN, and date of service for post-claim information or date of birth for pre-claim information. Authentication does not need to be repeated when contacting the second contractor

Contractors shall authenticate other contractors by one of three ways.

1) Both parties on the call look at the MBR record (or other beneficiary record to which they both have access.) The CSR can name a field on the MBR and ask that the other contractor identify what is in that particular field.

2) The CSR may ask for the employee's phone number and call him/her back, making sure that the area code and exchange matches a listed phone number for that contractor. Caller ID or a similar service may be used to verify the area code and exchange in lieu of a callback.

3) The CSR may take the name and telephone number of the contractor CSR, the name and telephone number of his/her supervisor, the date, and reason for the inquiry and post this information in the "Notes" screen, or similar screen.

Contractors shall have discretion to develop other avenues to work out overlapping claims with one another. Contractors are encouraged to share ideas with one another. However, if a contractor resolves an overlapping claim in a way other than directly calling the other contractor, the CSR shall make it clear to the inquiring provider that the information is not disseminated by CMS and CMS is not responsible for the accuracy of the information. All contractors shall work together to facilitate correct payment of all parties. In general, the servicing contractor of the inquirer *shall* take the lead in resolving an overlapping situation.

Contractors shall release overlapping claim information whether a provider is inquiring about a claim that was rejected for overlapping information, or if the provider found overlapping information when checking eligibility for a new admittance. In situations where the provider is seeking to avoid a claim being rejected, the contractor should, at their discretion, release information prior to claim submission. An example of this is a situation where some End State Renal Disease (ESRD) facilities prefer to obtain the inpatient hospital benefit days for the month, prior to the ESRD monthly bill being generated. This allows the ESRD facility to code the claim appropriately and bill around the inpatient hospital stay/stays. This situation falls into the category of disclosing information needed to bill Medicare properly and *the* release *of such information* is appropriate as long as all authentication elements are met. Other situations may arise that fall into this category as well, for example, skilled nursing facility and inpatient hospital stays. Contractors shall, in these situations, ensure that the request is legitimate and necessary for proper billing.

For specific information regarding the resolution of claim rejected by CWF, refer to IOM Pub. 100-04, Chapter 27, §50.

30.3.4 - *Requests for Information Available on the Remittance Advice*

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

If a CSR or written inquiry correspondent receives an inquiry about information that can be found on a remittance advice (RA), the CSR/correspondent *shall* take the opportunity to educate the inquirer on how to read the RA, in an effort to encourage the use of self-service. The CSR/correspondent *shall* advise the inquirer that the RA is needed in order to answer any questions for which answers are available on the RA. Providers *shall* also be advised that any billing staff or representatives that make inquiries on his/her behalf will need a copy of the RA.

The contractor should take this opportunity to suggest the use of the Medicare Remit Easy Print (MREP) software. Information about MREP is available at http://www.cms.hhs.gov/manuals/downloads/clm104c22.pdf.

Contractors should also take advantage of national training materials available to educate providers and their representatives about reading an RA. The national training materials include the MLN product, "Understanding the Remittance Advice: A Guide for Medicare Providers, Physicians, Suppliers, and Billers" which is available at http://www.cms.hhs.gov/MLNProducts/Downloads/MLNCatalog.pdf to assist in educating providers about how to read a RA.

Also available is a *w*eb site that serves as a resource allowing providers to check the definitions of the Claim Adjustment Reason Codes and Remittance Advice Remark

Codes. Contractors *shall* refer providers to http://www.wpc-edi.com/products/codelists/alertservice.

There *are two w*eb-based training course*s*, Understanding the Remittance Advice for Professional Providers, *and Understanding the Remittance Advice for Institutional Providers. Both are available at* http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5. The course*s* provide continuing education credits and contain general information about RAs, instructions to help interpret the RA*s* received from Medicare and reconcile *them* against submitted claims, instructions for reading Electronic Remittance Advices (ERAs) and Standard Paper Remittance Advices, and an overview of the MREP software that Medicare provides free to providers for viewing ERAs.

30.5.1 – *Authentication of Provider Elements for CSR Inquiries*

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

EFFECTIVE DATES:	**INQUIRY TYPE:**	**THE FOLLOWING PROVIDER ELEMENTS SHALL BE AUTHENTICATED (all elements must match unless otherwise specified):**	**THEN THE FOLLOWING ELEMENTS SHOULD BE RELEASED AFTER BENEFICIARY ELEMENT HAVE BEEN AUTHENTICATED:**
May 23, 2008 – February 28, 2009	CSR	• Provider NPI **-AND-** • Provider PTAN	Contractors shall refer to char below.
March 1, 2009	*CSR*	• *Provider NPI* • *Provider PTAN* ***-AND-*** • *Provider's last 5-digits of TIN*	*Contractors shall refer to cha below.*

30.5.2 – *Authentication of Provider Elements for IVR Inquiries*

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

EFFECTIVE DATES:	**INQUIRY TYPE:**	**THE FOLLOWING PROVIDER ELEMENTS SHALL BE AUTHENTICATED (all elements must match unless otherwise specified):**	**THEN THE FOLLOWING ELEMENTS SHOULD BE RELEASED AFTER BENEFICIARY ELEMENT HAVE BEEN AUTHENTICATED:**
May 23, 2008 – February 28, 2009	IVR	• Provider NPI **-AND-** • Provider PTAN	Contractors shall refer to char below.
March 1, 2009	*IVR*	• *Provider NPI* • *Provider PTAN* ***-AND-*** • *Provider's last 5-digits of TIN*	*Contractors shall refer to cha below.*

30.5.3 – *Authentication of Provider Elements for Written Inquiries*

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

EFFECTIVE DATES:	**INQUIRY TYPE:**	**THE FOLLOWING PROVIDER ELEMENTS SHALL BE AUTHENTICATED**	**THEN THE FOLLOWING ELEMENTS SHOULD BE RELEASED AFTER**

		(all elements must match unless otherwise specified):	**BENEFICIARY ELEMEN HAVE BEEN AUTHENTICATED:**

May 23, 2008 – February 28, 2009	Written inquiries, including fax and email	• Provider Name **and one of the following two:** • Provider NPI **-OR-** • Provider PTAN NOTE: If the inquiry is sent on provider letterhead with the provider's name and address clearly establishing the identity of the provider, the NPI or PTAN is not required for provider authentication. See 30.2.2.C for information about requests on pre-formatted inquiry forms.	Contractors shall refer to cha below.
March 1, 2009	*Written inquiries, including fax and email*	• *Provider NPI* • *Provider PTAN* ***-AND-*** • *Provider's last 5-digits of TIN* *NOTE: If the inquiry is sent on provider letterhead with the provider's name, address and at least one of the following elements – NPI, PTAN, or last five digits of*	*Contractors shall refer to ch below.*

		the provider's TIN, authentication is considered met. *See 30.2.2.C for information about requests on pre-formatted inquiry forms.*	

Medicare Contractor Beneficiary and Provider Communications Manual

Chapter 6 - Provider Customer Service Program

(Rev. 23, 02-10-09)

80.1 – *Provider Authentication Elements*

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

The requirements to authenticate providers who use the IVR system or call a CSR are the National Provider Identifier (NPI), Provider Transaction Access Number (PTAN), and the last 5-digits of the tax identification number (TIN).

80.1.1 – National Provider Identifier (NPI)

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

The NPI is the first authentication data element the contractor will use to identify the provider. The contractor shall validate there is an association between the NPI and the caller/writer. In scenarios where the crosswalk can not validate this information, refer to subsection 80.2.1.C for clarification. The NPI is included in the provider enrollment letters.

80.1.2-- Provider Transaction Access Number (PTAN)

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

The PTAN is the second authentication data element the contractor will use to identify the provider. The contractor shall validate there is an association between the PTAN and the caller/writer. In scenarios where the crosswalk can not validate this information, refer to subsection 80.2.1.C. for clarification. The CSR shall accept any valid PTAN provided by the inquirer where there is a one-to-many relationship. The PTAN will be included in the provider enrollment letters.

80.1.3 – Tax Identification Number (TIN)

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

The last 5-digits of the TIN is the third authentication data element the contractor will use to identify the provider. The contractor shall ensure there is an association between the NPI, PTAN, and the last 5-digits of the TIN to the provider prior to releasing any beneficiary or claim specific information, as well as financial data.

80.2 -- *Inquiry Types*

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

Telephone and written inquiries are addressed in the following subsections.

80.2.1 -- *Telephone Inquiries*

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

The Disclosure Desk Reference chart contains the information contractors shall use to authenticate the identity of a caller, so that the information can then be released by CSRs or inquiries answered via Interactive Voice Response (IVR). Contractors are reminded that the guidance contained in this section does not supersede requirements in section*s* 30.*2 and 50.1* concerning operation of the Provider Contact Center and handling of telephone inquiries.

A. CSR Telephone Inquiries - *CSRs shall authenticate providers with three data elements - NPI, PTAN, and last 5-digits of the TIN.* Contractors shall have the discretion to use the provider name as an additional authentication element in order to ascertain the specific claim and/or beneficiary information being requested.

B. IVR Telephone Inquiries – *Contractors' IVRs shall authenticate providers with three data elements - NPI, PTAN, and last 5-digits of the TIN.*

C. Authentication of Providers with No NPI – In limited circumstances, there will be situations where providers will never be assigned an NPI. These situations may include retired/terminated providers. There also may be situations where an inquiry is made regarding a claim submitted by a provider who has since deceased. *If a provider enters an NPI or NPI/PTAN pair that has been deactivated in the system, the IVR may be unable to authenticate the provider at the front end. Additionally, the provider may be able to be authenticated by the IVR, but if the claim was processed using a different NPI/PTAN pair that has since been deactivated, the IVR may not be able to find the claim and return claims status information. In such instances, since CSRs also authenticate using the NPI, CSRs shall authenticate on at least two additional data elements available in the provider's record, such as provider name, remittance address, and provider master address before releasing information to the provider.*

D. Beneficiary Authentication - *Contractors shall authenticate four beneficiary data elements before disclosure of beneficiary information no matter the type of telephone inquiry (CSR or IVR).* The data elements are (1) last name, (2) first name or initial, (3) Health Insurance Claim Number (HICN) and (4) either date of birth (eligibility, next eligible date, Certificate of Medical Necessity (CMN)/Durable Medical Equipment Medicare Administrative Contractor Information Form (DIF) (pre-claim) **or** date of service (claim status, CMN/DIF (post-claim.)) Specific guidance related to these data elements, along with any exceptions, is contained in the disclosure chart.

If the CSR or IVR determines that the authentication elements provided are insufficient or inaccurate, the inquirer will be required to provide accurate information before the information being sought is released. The CSR and, if feasible, the IVR, should relay to the inquirer which element does not match (i.e., date of birth rather than day or month or

year) and instruct them to check the beneficiary's record, which should include a copy of the Medicare card, and/or follow up with the beneficiary, for the correct information.

As mentioned above, for situations not specifically addressed here, the CSR *shall* use his/her discretion, taking care to protect the beneficiary's privacy and confidentiality. CSRs shall refer situations in which he/she is unsure of whether or not to release information to his/her supervisor or to the contractor's privacy official. Contractors shall forward further questions to CMS at the email address provided above.

In situations where a caller is transferred from the IVR to a CSR, if the provider data elements were authenticated in the IVR and that information is passed to the CSR, the CSR should not re-authenticate the provider before information is released. If a contractor's desktop system displays caller authentication elements when the CSR picks up the call, then only the beneficiary elements need to be authenticated. The main point is that the CSR shall have all information relating to authentication and need only request from the caller those data elements not being populated on the CSR's screen by the desktop system.

80.2.1.1 -- *Contractor Discretion Concerning IVR Information*

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

Contractors shall have discretion about whether to offer some types of information through their IVR. If contractors decide to offer this information, the Disclosure Desk Reference offers guidelines on how to authenticate providers prior to releasing information. *Contractors shall review the charts in section 80.5 for more information.*

Contractors shall use, among other data, analysis and provider feedback to determine what to offer via the IVR. Additionally, contractors shall determine the information relevant to their providers that can be automated and that which, if automated, would direct the most calls to the IVR and away from the CSRs. However, contractors shall note that the information contained in the disclosure chart does not supersede any requirements for IVR operation elsewhere in this chapter (*section* 50.1).

80.2.2 - *Written Inquiries*

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

Authentication elements for providers are determined by how the inquiry is received, as CMS allows exceptions for inquiries received on provider letterhead. Contractors shall use the guidelines in the chart to authenticate providers for written inquiries as well as the information below. Contractors are reminded that the guidance contained in this section does not supersede requirements in section 30.3 concerning handling of written inquiries.

A. *Written Inquiry - Provider Authentication - Contractors shall authenticate providers on written inquiries with three data elements - NPI, PTAN, and last 5-digits of the TIN.*

Contractors shall authenticate providers for all written inquiries using the elements mentioned above, with the exceptions noted in *subsection* B.

B. **Exception: Method of Receipt – Hardcopy on Letterhead or Email with Attachment on Letterhead -** For written inquiries received on the provider's official letterhead, including emails with an attachment on letterhead, authentication of the provider will be met if the provider's name and address are included in the letterhead and clearly establish the identity of the provider. *Therefore, the provider's practice location and name on the letterhead must match the information in the contractor's file for this provider.*

In addition, the letter or email shall match one of the following elements mentioned above - NPI, PTAN, or last 5-digits of the TIN. Providers shall also be educated to send in written inquiries on letterhead that include at least one of the following - NPI, PTAN, or last 5-digits of the TIN. If all authentication elements are met, contractors shall respond with the information requested in writing via regular mail. (Contractors shall see the information about responding to inquiries received via email and fax below.)

In the case of multiple addresses on the letterhead, as long as one of the addresses match*es the information in the contractor's file*, authentication is considered met. Providers shall be educated to send in written inquiries on letterhead that contain all practice locations or to use letterhead that has the address that Medicare has on record for that provider.

Contractors shall treat requests submitted via fax on provider letterhead as written inquiries and subject to the same authentication requirements as those received in regular mail. Contractors shall not fax responses containing protected health information, but shall instead send the information via regular mail.

C. Method of Receipt – Hardcopy/No Letterhead, Email/No Attachment on Letterhead or Pre-formatted Inquiry Forms – *For inquiries received without letterhead, including hardcopy, fax, email, pre-formatted inquiry forms or inquiries written on Remittance Advice (RAs) or Medicare Summary Notices (MSNs), contractors shall authenticate providers as detailed in subsection A. above.*

D. Special Note about Inquiries Received Via Email and Fax - For requests received via email and fax, assuming all authentication elements are present as detailed in *subsections* A. or B. above, whichever is applicable, contractors shall respond as directed in section 30.3.4 in writing via regular mail with the requested information if there is protected health information in the response. In the written response on contractor letterhead, contractors shall inform the provider that beneficiary-specific information cannot be disclosed electronically via email or fax and that, in the future, the provider

must send a written inquiry through regular mail or use the IVR for beneficiary-specific information. Additionally, contractors shall have discretion to respond to these requests by telephone as specified in *section* 30.3.3.

For email requests only, contractors shall not notify the provider by email that they will be responding via paper or telephone. However, contractors have discretion to send an automated email reply to an email request as long as no protected health information is in the automated reply. Contractors shall ensure that the automated reply conveys the message that no beneficiary-specific information may be disclosed via email and that, in the future, the provider must send a written inquiry through regular mail or use the IVR for beneficiary-specific information.

Contractors are reminded that they may respond via email to email requests not involving protected health information or beneficiary-specific information (i.e., policy questions.)

E. Beneficiary Authentication - Assuming provider authentication requirements are met as detailed in *subsections* A. or B. above, whichever is applicable, contractors shall always authenticate beneficiary data elements before disclosure of information without regard to the date of the written inquiry or method of receipt. See the chart in *section 80.5.4* for more information about authentication of beneficiary elements.

F. Requests Received Without Authentication Elements - For any written requests received without one or more authentication elements, without regard to date of inquiry or method of receipt, contractors shall return the request in its entirety to the provider stating that the requested information will be supplied upon submission of all authentication elements. Contractors shall indicate which overall elements are missing or do not match for authentication (i.e., date of birth rather than day or month or year.) Contractors shall return the inquiry to the provider via regular mail, although if sent via email without any protected health information, the inquiry may be returned via email.

Contractors have discretion to follow up with a telephone call to obtain the rest of the authentication elements instead of returning the inquiry or to close out the written inquiry with a telephone call (see *section* 30.3.3 in this chapter.) Contractors shall not leave a message containing protected health information on an answering machine. Contractors shall remind the provider to check its copy of the beneficiary's Medicare card and/or follow up with the beneficiary for the correct information.

For situations not specifically addressed here, the contractor *shall* use discretion, taking care to protect the beneficiary's privacy and confidentiality. Contractors shall refer situations in which they are unsure of whether or not to release information to a supervisor or to the contractor's privacy official. Contractors shall forward further questions to CMS at CMS ProviderServices@cms.hhs.gov.

80.3.1 - *Overlapping Claims*

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

Contractors sometimes receive multiple claims with the same or similar dates of service or billing periods. Overlap occurs when a date of service or billing period conflicts with another, indicating that one or the other may be incorrect.

In cases where a contractor receives an inquiry from a provider or another Medicare contractor requesting provider information to resolve an overlapping claim, contractors shall work with each other. Resolution can occur through various ways. One way is for one contractor to call the other contractor with or without the provider on the line. This will allow the contractor calling to assure the other contractor that the provider has given all necessary authentication elements. The contractor shall then release the needed information.

Only the contractor who is initially contacted by the provider shall authenticate the provider. *Contractors shall authenticate the provider by verifying the provider's NPI, PTAN, and last 5-digits of the TIN, as well as the beneficiary name, HICN, and date of service for post-claim information or date of birth for pre-claim information.* Authentication does not need to be repeated when contacting the second contractor.

Contractors shall authenticate other contractors by one of three ways.

1) Both parties on the call look at the MBR record (or other beneficiary record to which they both have access.) The CSR can name a field on the MBR and ask that the other contractor identify what is in that particular field.

2) The CSR may ask for the employee's phone number and call him/her back, making sure that the area code and exchange matches a listed phone number for that contractor. Caller ID or a similar service may be used to verify the area code and exchange in lieu of a callback.

3) The CSR may take the name and telephone number of the contractor CSR, the name and telephone number of his/her supervisor, the date, and reason for the inquiry and post this information in the "Notes" screen, or similar screen.

Contractors shall have discretion to develop other avenues to work out overlapping claims with one another. Contractors are encouraged to share ideas with one another. However, if a contractor resolves an overlapping claim in a way other than directly calling the other contractor, the CSR shall make it clear to the inquiring provider that the information is not disseminated by CMS and CMS is not responsible for the accuracy of the information. All contractors shall work together to facilitate correct payment of all parties. In general, the servicing contractor of the inquirer *shall* take the lead in resolving an overlapping situation.

Contractors shall release overlapping claim information whether a provider is inquiring about a claim that was rejected for overlapping information, or if the provider found overlapping information when checking eligibility for a new admittance. In situations where the provider is seeking to avoid a claim being rejected, the contractor should, at their discretion, release information prior to claim submission. An example of this is a situation where some End State Renal Disease (ESRD) facilities prefer to obtain the inpatient hospital benefit days for the month, prior to the ESRD monthly bill being generated. This allows the ESRD facility to code the claim appropriately and bill around the inpatient hospital stay/stays. This situation falls into the category of disclosing information needed to bill Medicare properly and *the* release *of such information* is appropriate as long as all authentication elements are met. Other situations may arise that fall into this category as well, for example, skilled nursing facility and inpatient hospital stays. Contractors shall, in these situations, ensure that the request is legitimate and necessary for proper billing.

For specific information regarding the resolution of claim rejected by CWF, refer to IOM Pub. 100-04, Chapter 27, §50.

80.3.4 – *Requests for Information Available on the Remittance Advice*

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

If a CSR or written inquiry correspondent receives an inquiry about information that can be found on a remittance advice (RA), the CSR/correspondent sh*all* take the opportunity to educate the inquirer on how to read the RA, in an effort to encourage the use of self-service. The CSR/correspondent sh*all* advise the inquirer that the RA is needed in order to answer any questions for which answers are available on the RA. Providers sh*all* also be advised that any billing staff or representatives that make inquiries on his/her behalf will need a copy of the RA.

The contractor should take this opportunity to suggest the use of the Medicare Remit Easy Print (MREP) software. Information about MREP is available at http://www.cms.hhs.gov/manuals/downloads/clm104c22.pdf.

Contractors should also take advantage of national training materials available to educate providers and their representatives about reading an RA. The national training materials include the MLN product, "Understanding the Remittance Advice: A Guide for Medicare Providers, Physicians, Suppliers, and Billers," which is available at http://www.cms.hhs.gov/MLNProducts/Downloads/MLNCatalog.pdf to assist in educating providers about how to read a RA.

Also available is a *w*eb site that serves as a resource allowing providers to check the definitions of the Claim Adjustment Reason Codes and Remittance Advice Remark Codes. Contractors should refer providers to http://www.wpc-edi.com/products/codelists/alertservice.

There *are two web*-based training courses, Understanding the Remittance Advice for Professional Providers, *and Understanding the Remittance Advice for Institutional Providers. Both are available at* http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5. The course*s* provide continuing education credits and contain general information about RAs, instructions to help interpret the RA*s* received from Medicare and reconcile *them* against submitted claims, instructions for reading Electronic Remittance Advices (ERAs) and Standard Paper Remittance Advices, and an overview of the MREP software that Medicare provides free to providers for viewing ERAs.

80.5.1 – *Authentication of Provider Elements for CSR Inquiries*

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May 23, 2008 – February 28, 2009	CSR	• Provider NPI **-AND-** • Provider PTAN	Contractors shall refer to chart below.
March 1, 2009	*CSR*	• *Provider NPI* • *Provider PTAN* ***-AND-*** • *Provider's last 5-digits of TIN*	*Contractors shall refer to chart below.*

80.5.2 – *Authentication of Provider Elements for IVR Inquiries*

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

EFFECTIVE DATES:	**INQUIRY TYPE:**	**THE FOLLOWING PROVIDER ELEMENTS SHALL BE AUTHENTICATED (all elements must match unless**	**THEN THE FOLLOWING ELEMENTS SHOULD BE RELEASED AFTER BENEFICIARY ELEMENTS**

		otherwise specified):	HAVE BEEN AUTHENTICATED:
May 23, 2008 – February 28, 2009	IVR	• Provider NPI **-AND-** • Provider PTAN	Contractors shall refer to chart below.
March 1, 2009	*IVR*	• *Provider NPI* • *Provider PTAN* *-AND-* • *Provider's last 5-digits of TIN*	*Contractors shall refer to chart below.*

80.5.3 – *Authentication of Provider Elements for Written Inquiries*

(Rev. 23; Issued: 02-10-09, Effective Date: 04-06-09, Implementation Date: 01-05-09 for MCS and VMS; 04-06-09 for FISS)

EFFECTIVE DATES:	INQUIRY TYPE:	THE FOLLOWING PROVIDER ELEMENTS SHALL BE AUTHENTICATED (all elements must match unless otherwise specified):	THEN THE FOLLOWING ELEMENTS SHOULD BE RELEASED AFTER BENEFICIARY ELEMENTS HAVE BEEN AUTHENTICATED:
May 23, 2008 – February 28, 2009	Written inquiries, including fax and email	• Provider Name **and one of the following two:** • Provider NPI **-OR-** • Provider PTAN NOTE: If the inquiry is sent on provider letterhead with the provider's name and address clearly establishing the identity of the provider, the NPI or PTAN is not required for provider authentication.	Contractors shall refer to chart below.

		See *subsection* 80.1.2.C for information about requests on pre-formatted inquiry forms.	
March 1, 2009	*Written inquiries, including fax and email*	• *Provider NPI* • *Provider PTAN* *-AND-* • *Provider's last 5-digits of TIN* *NOTE: If the inquiry is sent on provider letterhead with the provider's name, address and at least one of the following elements – NPI, PTAN, or last five digits of the provider's TIN, authentication is considered met.* *See subsection 80.2.2.C for information about requests on pre-formatted inquiry forms.*	*Contractors shall refer to chart below.*