



Implementation of New Provider Authentication Requirements for Medicare Contractor Provider Telephone and Written Inquiries – JA6139

Note: MLN Matters article MM6139 was revised to reflect the revised Change Request (CR) 6139, which was re-issued on March 4, 2009. (The effective and implementation dates for providers were previously changed to April 6, 2009, by Transmittal R23COM on February 10, 2009.) In this revision of the article, the CR release date, transmittal number, and the Web address of the CR have been changed. All other information remains the same.

Related CR Release Date: March 4, 2009 **Revised**

Date Job Aid Revised: March 6, 2009

Effective Date: April 6, 2009

Implementation Date: April 6, 2009 for providers

Key Words	MM6139, CR6139, R25COM, Authentication, Telephone, Inquiries
Contractors Affected	<ul style="list-style-type: none"> • Medicare Carriers • Fiscal Intermediaries (FIs) • Regional Home Health Intermediaries (RHHIs) • Part A/B Medicare Administrative Contractors (A/B MACs) • Durable Medical Equipment Medicare Administrative Contractors (DME MACs)
Provider Types Affected	All physicians, providers, and suppliers (or their staffs) who make inquiries (written inquiries or calls made to Medicare contractor provider contact centers, including calls to Interactive Voice Response (IVR) systems) to Medicare Carriers, FIs, RHHIs, A/B MACs, or DME MACs. Inquiries include written inquiries or calls made to Medicare contractor provider contact centers, including calls to IVR systems.



CR6139 addresses the necessary provider authentication requirements to complete IVR transactions and calls with a Customer Service Representative (CSR).

- Effective April 6, 2009, when a provider calls either the IVR system, or a CSR, the Centers for Medicare & Medicaid Services (CMS) will require that the caller provide three data elements for authentication:
 - The provider's National Provider Identifier (NPI),
 - The Provider Transaction Access Number (PTAN), and
 - The last 5-digits of the provider's tax identification number (TIN).
- To better safeguard providers' information before sharing information on claims status, beneficiary eligibility, and other provider related questions, CMS has added the last 5-digits of the provider's TIN as an additional element in the provider authentication process.
- The Medicare contractor's system will verify that the NPI, PTAN, and last 5-digits of the TIN are correct and belong to the caller before providing the information requested.
- **The caller will only be allowed three attempts to correctly provide the NPI, PTAN, and last five digits of the provider's TIN.**
- The *Disclosure Desk Reference* for provider contact centers, which contains the information Medicare contractors use to authenticate the identity of callers and writers, is updated in the *Medicare Contractor Beneficiary and Provider Communications Manual*, Chapter 3 (Provider Inquiries), Section 30 (Disclosure of Information) and Chapter 6 (Provider Customer Service Program), Section 80 (Disclosure of Information) to reflect these changes.
- The following is the new information in these manual chapters, which addresses other authentication issues.

Provider Needs to Know...

Authentication of Providers with No NPI

- Occasionally, providers will never be assigned an NPI (for example providers who are retired/terminated), or inquiries may be made about claims submitted by a provider who has since deceased.
- Most IVRs use the NPI crosswalk to authenticate the NPI and PTAN. The NPI is updated on a daily basis and does not maintain any history about deactivated NPIs or NPI/PTAN pairs. Therefore, if a provider enters an NPI or NPI/PTAN pair that is no longer recognized by the crosswalk, the IVRs may be unable to authenticate them; or 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.
- Since these types of inquiries are likely to result in additional CSR inquiries, before releasing information to the provider, CSRs will authenticate using at least two other data elements available in the provider's record, such as provider name, TIN, remittance address, and provider master address.

Beneficiary Authentication

- Before disclosing beneficiary information (whether from either an IVR or CSR telephone inquiry), and regardless of the date of the call, four beneficiary data elements are required for authentication:
 - Last name,
 - First name or initial,
 - Health Insurance Claim Number (HICN), and
 - Either date of birth (eligibility, next eligible date, DME MAC Information Form (DIF) (pre-claim)) **OR** date of service (claim status, Certificate of Medical Necessity /DIF (post-claim)).

Written Inquiries

- In general, three data elements (NPI, PTAN, and the last 5-digits of the TIN) are required for authenticating providers' written inquiries. This includes inquiries received without letterhead (including hardcopy, fax, email, pre-formatted inquiry forms, or inquiries written on Remittance Advice or Medicare Summary Notices.
- The exception to this requirement is written inquiries received on the provider's official letterhead (including emails with an attachment on letterhead). In this case, provider authentication will be met if the provider's name and address are included in the letterhead and clearly establish their identity.
- Therefore, the provider's practice location and name on the letterhead must match the contractor's file for this provider. However, Medicare contractors may use discretion if the file does not exactly match the letterhead, but it is clear that the provider is the same.
- In addition, the letterhead information on the letter or email needs to match the NPI, the PTAN, **or** the last 5-digits of the TIN. Providers will also include on the letterhead either the NPI, PTAN, or the last 5-digits of the TIN. Medicare contractors will ask for additional information, if necessary.

Overlapping Claims

- When claims overlap (that is, multiple claims with the same or similar dates of service or billing periods), the contractor that the provider initially contacts will authenticate that provider by verifying his/her name, NPI, PTAN, last 5-digits of the TIN, beneficiary name, HICN, and date of service for post-claim information, or date of birth for pre-claim information.

Background

- In order to comply with the requirements of the Privacy Act of 1974 and of the Health Insurance Portability and Accountability Act, customer service staff at Medicare fee-for-service provider contact centers must properly authenticate callers and writers before disclosing protected health information.
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- Because of issues with the public availability of previous authentication elements, CMS has addressed the current provider authentication process for providers who use the IVR system or call a CSR.
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Operational Impact	N/A
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Reference Materials	<p>The related MLN Matters article can be found at http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6139.pdf on the CMS website.</p> <p>The official instruction (CR6139) regarding this change may be viewed at http://www.cms.hhs.gov/Transmittals/downloads/R25COM.pdf on the CMS website.</p>
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