



Related MLN Matters Article #: SE0814

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Provider Authentication by Medicare Provider Contact Centers (PCCs)

Key Words

SE0814, CR5089, MM5089, CR5277, Provider, Authentication

Provider Types Affected

Physicians, other providers, and suppliers who bill Medicare Carriers, Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), Part A/B Medicare Administrative Contractors (A/B MACs), or Durable Medical Equipment MACs (DME MACs) for services provided to Medicare beneficiaries

Key Points

- In order to protect the privacy of Medicare beneficiaries and to comply with the requirements of the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act, customer service staff at Medicare PCCs must properly authenticate the identity of providers/staff that call or write to request beneficiary protected health information before disclosing it to the requestor.
- **Effective May 23, 2008**, the National Provider Identifier (NPI) and the Provider Transaction Access Number (PTAN), are the provider authentication elements used when providers make telephone or written inquiries to the Medicare fee-for-service contractor PCCS.

Note: For providers enrolled in Medicare before May 23, 2008, their PTAN initially will be their legacy provider number. New providers enrolling in Medicare on or after May 23, 2008, will be assigned a PTAN as part of the Medicare enrollment process.

Provider Authentication

- The elements for provider authentication of telephone (either Customer Service Representative (CSR) or Interactive Voice Response (IVR)) and written inquiries are presented in the table below:

Provider Authentication Elements for Telephone & Written Inquiries

EFFECTIVE DATES	INQUIRY TYPE	PROVIDER ELEMENTS TO BE AUTHENTICATED (all elements must match unless otherwise specified)
On or after May 23, 2008	IVR	Provider NPI and PTAN
On or after May 23, 2008	CSR	Provider NPI and PTAN
On or after May 23, 2008	Written, including fax and email	Provider name, and either provider NPI or PTAN

Written Inquiries – Exception to Provider Authentication Requirements

- The Centers for Medicare & Medicaid Services (CMS) allows an exception for written or faxed inquiries submitted on a provider’s official letterhead, and email inquiries (with an attachment on letterhead).
- If the provider’s name and address are included in the letterhead and clearly establish the provider’s identity, no NPI or PTAN is required for authentication.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0814.pdf> on the CMS website.

Providers may refer to the *Medicare Contractor Beneficiary and Provider Communications Manual* (Publication 100-9), Chapter 3, Section 30 and Chapter 6, Section 80 for a complete discussion of this PCC authentication update at <http://www.cms.hhs.gov/manuals/downloads/com109c03.pdf> and <http://www.cms.hhs.gov/manuals/downloads/com109c06.pdf> on the CMS website.

For additional information, providers may want to read the following:

- Change Requests (CR) 5277 (Provider Customer Service Program) at <http://www.cms.hhs.gov/transmittals/downloads/R18COM.pdf>;
- CR5089 (Disclosure Desk Reference for Provider Contact Centers) at <http://www.cms.hhs.gov/Transmittals/downloads/R16COM.pdf>; and related MLN Matters article (MM5089) at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5089.pdf> on the CMS website.