
Program Memorandum Intermediaries/Carriers

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal AB-02-094

Date: JULY 3, 2002

CHANGE REQUEST 2237

SUBJECT: Disclosure Desk Reference for Call Centers

This Program Memorandum (PM) updates the guidelines for the Medicare contractors' call centers regarding the disclosure of beneficiary-specific information over the telephone. The attached guidelines apply to requests for information that come in over telephone lines provided for beneficiary inquiries and are consistent with the provisions of the Privacy Act of 1974.

We have attempted to address the most likely scenarios in this PM. For situations not specifically addressed here, the customer service representative (CSR) should use his/her discretion, taking care to protect the beneficiary's privacy and confidentiality. The CSR should contact his/her supervisor or the organization's privacy official for determinations if he/she is unsure whether or not to disclose beneficiary-specific information.

Frequently Asked Questions on this topic will soon be posted to the following Web site: <http://www.cms.hhs.gov/callcenters/qanda.asp>.

The *effective date* for this PM is September 3, 2002.

The *implementation date* for this PM is September 3, 2002.

These instructions should be implemented within your current operating budget.

This PM may be discarded after August 31, 2003.

If you have any questions, contact Robin Getzendanner at rgetzendanner@cms.hhs.gov or call 410-786-9621.

Attachment

Disclosure Desk Reference for Call Centers
for Inquiries on the Beneficiary Lines

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
The beneficiary		Verify it is the beneficiary by asking for his/her: <ul style="list-style-type: none"> • Full name; • Date of birth; • HIC number; and • One additional piece of information such as SSN, address, phone number, effective date(s), whether he/she has Part A and/or Part B coverage. 	Release any entitlement and claim information and answer any questions pertaining to the beneficiary's Medicare coverage. Do not evaluate the diagnosis reported on the claim.	Medicare Carriers Manual (MCM) Part 2 §5104 B.8 Medicare Intermediary Manual (MIM) Part 2 §2958 B.8
The beneficiary	The beneficiary makes a mistake on the information (name, date of birth, HIC number or additional piece of information) used to verify his/her identity. NOTE: There is a two-year tolerance for the year of birth. (For example, for a beneficiary born on 3/12/31, you may accept the year of birth as 1929, 1930, 1931, 1932, or 1933 – two years prior and two years after the correct year of birth. The month and date, however, must match exactly.)	Explain to the beneficiary that the information does not match the information in your records. Ask him/her to repeat the information, and if still incorrect, suggest that the beneficiary look at his/her Medicare paperwork to find the correct information or ask someone (family or friend) to help him/her with this information.	If the beneficiary is able to provide the correct information, release per the instructions above. If the beneficiary is unable to provide the correct information, YOU MAY NOT release any entitlement or claim information or answer any questions pertaining to the beneficiary. Advise the beneficiary that the information is protected under the Privacy Act and it is for the beneficiary's protection that we will not release the information.	45 CFR Subtitle A 5b.5(b)(v) MCM Part 3 §10010 MIM Part 3 §3763 Program Operation Manual System (POMS) GN 03360.005 – Releasing Information by Telephone

Disclosure Desk Reference for Call Centers
for Inquiries on the Beneficiary Lines

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
Parent of a minor child	A request for information from a minor child's record by the child's parent is an access request that must be honored, as long as it is clear that the parent is acting on the child's behalf.	Verify the identity of the minor child by asking for his/her: <ul style="list-style-type: none"> • Full name; • Date of birth; • HIC number; and • One additional piece of information such as SSN, address, phone number, effective date(s), whether he/she has Part A and/or Part B coverage. Verify that the caller's name matches the parent's name listed in your files.	Release any entitlement and claim information and answer any questions pertaining to the minor child's Medicare coverage.	MCM Part 3 §10020 B MIM Part 3 §3766 B POMS GN 03360.005 – Releasing Information by Telephone
SSA-Appointed Representative Payee <u>Or</u> A legal guardian of any individual who has been declared incompetent by the court	To answer any questions via the telephone, you must have proof of the arrangement for services on file or the representative's name must appear on the system (e.g., Master Beneficiary Record (MBR), Supplemental Security Income Record (SSR), Health Insurance Master Record (HIMR) or Inquiry Response Numident Identification screen (QRID)).	Verify that the caller's name matches the representative payee or legal guardian's name in your files. Have the representative payee or legal guardian provide the beneficiary's: <ul style="list-style-type: none"> • Full name; • Date of birth; • HIC number; and • One additional piece of information such as SSN, address, phone number, effective date(s), whether he/she has Part A and/or Part B coverage. 	Release any entitlement and claim information and answer any questions pertaining to the beneficiary's Medicare coverage.	MCM Part 3 §10020 E.1.b MIM Part 3 §3766 E.1.b SSA training module – Title II Claims Representative Basic Training Course (CR-02) <u>Disclosure/Confidentiality/Privacy Act/Freedom of Information</u> POMS GN 03360.005 – Releasing Information by Telephone

Disclosure Desk Reference for Call Centers
for Inquiries on the Beneficiary Lines

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
<p>Legal representative as defined by the state.</p>	<p>Initially, these types of requests must come in as written requests in order to verify the relationship.</p> <p>To answer any questions via the telephone, you must have proof of the arrangement for services on file or the representative's name must appear on the system (e.g., Master Beneficiary Record (MBR), Supplemental Security Income Record (SSR) or Inquiry Response Numident Identification screen (QRID)).</p> <p>The representative's name must match the name of the representative that is on file.</p>	<p>Verify the identity of the beneficiary by asking for his/her:</p> <ul style="list-style-type: none"> • Full name; • Date of birth; • HIC number; and • One additional piece of information such as SSN, address, phone number, effective date(s), whether he/she has Part A and/or Part B coverage. <p>Verify that the caller's name matches the representative's name in your files.</p>	<p>Release information to legal representatives (such as an attorney) pertaining to the matter for which they have been appointed as representative. You may assume the legal representative can receive any entitlement and claim information on behalf of the beneficiary unless it is evident by the documentation that they represent the beneficiary for limited services (i.e., financial representative only).</p>	<p>SSA training module – Title II Claims Representative Basic Training Course (CR-02) <u>Disclosure/Confidentiality/Privacy Act/ Freedom of Information</u></p> <p>POMS GN 03360.005 – Releasing Information by Telephone</p>

Disclosure Desk Reference for Call Centers
for Inquiries on the Beneficiary Lines

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
<p>A beneficiary's spouse, relative, friend or advocacy group (<u>excluding</u> State Health Insurance Assistance Program (SHIP) employees and volunteers)</p>	<p>The beneficiary gives verbal consent/authorization for you to speak with the caller.</p> <p>(The beneficiary does not have to remain on the line during the conversation, or even be at the same place as the caller – you may obtain the beneficiary's consent/authorization to speak with the caller via another line or three way calling.)</p>	<p>Make sure you verify the identity of the beneficiary by asking the beneficiary for his/her:</p> <ul style="list-style-type: none"> • Full name; • Date of birth; • HIC number; and • One additional piece of information such as SSN, address, phone number, effective date(s), whether he/she has Part A and/or Part B coverage. <p>A verbal consent/ authorization on file is good for 14 days. The CSR may advise the beneficiary and the caller that if the beneficiary wants the caller to receive information for more than 14 days, the beneficiary should send in a written authorization.</p>	<p>Release any entitlement and claim information and answer any questions pertaining to the beneficiary's Medicare coverage.</p>	<p>MCM Part 2 §5104 B.8</p> <p>MIM Part 2 §2958 B.8</p>

Disclosure Desk Reference for Call Centers
for Inquiries on the Beneficiary Lines

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
<p>A beneficiary's spouse, relative, friend or advocacy group (<u>excluding</u> State Health Insurance Assistance Program (SHIP) employees and volunteers)</p>	<p>The beneficiary is not available to verbally consent /authorize you to speak with the caller and there is no written consent on file.</p>	<p>Advise the caller that you may not give out any information without the beneficiary's consent/authorization.</p> <p>The caller may call back at a later time with the beneficiary present to give consent/ authorization</p> <p style="text-align: center;">-Or-</p> <p>The beneficiary could provide written consent/authorization to allow the caller to obtain information about his or her record.</p>	<p>YOU MAY NOT release any claim information or answer any questions pertaining to the beneficiary.</p> <p>Advise the caller that the information is protected under the Privacy Act and it is for the beneficiary's protection that we will not release the information.</p>	<p>MCM Part 2 §5104 B.8</p> <p>MIM Part 2§2958 B.8</p> <p>MCM Part 3 §10010</p> <p>MIM Part 3 §3763</p>
<p>A beneficiary's spouse, relative, friend or advocacy group (<u>excluding</u> State Health Insurance Assistance Program (SHIP) employees and volunteers)</p>	<p>You have written consent/ authorization on file that allows you to give beneficiary-specific information to the caller.</p> <p>See Notes at end of chart for information regarding written consent/authorization.</p>	<p>The caller must provide the beneficiary's:</p> <ul style="list-style-type: none"> • Full name; • Date of birth; • HIC number; and • One additional piece of information such as SSN, address, phone number, effective date(s), whether he/she has Part A and/or Part B coverage. <p>Ensure that the caller is the authorized individual, and within the authorized time period (if specified).</p>	<p>Only discuss information authorized by the written consent/authorization.</p>	<p>MCM Part 2 §5104 B.8</p> <p>MIM Part 2 §2958 B.8</p>

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for Inquiries on the Beneficiary Lines

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
<p>A beneficiary's spouse, relative, friend or advocacy group (<u>excluding</u> State Health Insurance Assistance Program (SHIP) employees and volunteers)</p>	<p>Previous written consent/ authorization has expired.</p>	<p>In order to access the beneficiary's record, the caller must provide the beneficiary's:</p> <ul style="list-style-type: none"> • Full name; • Date of birth; • HIC number; and • One additional piece of information such as SSN, address, phone number, effective date(s), whether he/she has Part A and/or Part B coverage. <p>Advise the caller that the written consent/authorization has expired.</p> <p>Obtain the beneficiary's verbal consent/authorization and/or develop for a new written consent/authorization.</p>	<p>Unless you receive a verbal consent, YOU MAY NOT release any claim information or answer any questions pertaining to the beneficiary.</p> <p>Advise the caller that the information is protected under the Privacy Act and it is for the beneficiary's protection that we will not release the information.</p> <p>However, if the caller has a question about a specific claim, see the instructions regarding release of information on a specific claim.</p>	<p>MCM Part 2 §5104 B.8</p> <p>MIM Part 2 §2958 B.8</p>

Disclosure Desk Reference for Call Centers
for Inquiries on the Beneficiary Lines

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
<p>A beneficiary's spouse, relative, friend or advocacy group is requesting information on a specific claim</p> <p>(No MSN/EOMB)</p>	<p>The beneficiary is not available to verbally consent/authorize you to speak with the caller, there is no written consent/authorization on file, and the caller does not have a copy of the MSN/EOMB, however the caller has the beneficiary's:</p> <ul style="list-style-type: none"> • Full name; • Date of birth; • HIC number; and • Information on a specific claim (e.g., date of service, physician name, procedure). 	<p>Suggest that the caller have the beneficiary forward written consent/authorization to the Call Center if he/she anticipates any need for future telephone contacts.</p>	<p>Release information only:</p> <ul style="list-style-type: none"> • On whether or not the claim has been received or processed, and • The date the beneficiary can expect to receive the EOMB or MSN. 	<p>MCM Part 2 §5104 B.8</p> <p>MIM Part 2 §2958 B.8</p>
<p>A beneficiary's spouse, relative, friend or advocacy group is requesting information on a specific claim</p> <p>(Has MSN/EOMB)</p>	<p>The beneficiary is not available to verbally consent/authorize you to speak with the caller and there is no written consent/authorization on file, however the caller has the beneficiary's:</p> <ul style="list-style-type: none"> • Full name; • Date of birth; • HIC number; and • Copy of the MSN or EOMB. 	<p>Suggest that the caller have the beneficiary forward written consent/authorization to the Call Center if he/she anticipates any need for future telephone contacts.</p>	<p>Only release information for the service(s) that appear on the MSN or EOMB.</p>	<p>MCM Part 2 §5104 B.8</p> <p>MIM Part 2 §2958 B.8</p>

Disclosure Desk Reference for Call Centers for Inquiries on the Beneficiary Lines

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
<p>A beneficiary's spouse, relative, friend or advocacy group (<u>excluding</u> State Health Insurance Assistance Program (SHIP) employees and volunteers)</p>	<p>The caller states that the beneficiary is deceased. You DO NOT have proof of death (i.e., date of death shown on Common Working File (CWF), Master Beneficiary Record (MBR) or copy of death certificate).</p>	<p>In order to access the beneficiary's record, the caller must provide the beneficiary's:</p> <ul style="list-style-type: none"> • Full name; • Date of birth; • HIC number; and • One additional piece of information such as SSN, address, phone number, effective date(s), whether he/she has Part A and/or Part B coverage. <p>Advise the caller to notify SSA at 1-800-772-1213 that beneficiary is deceased.</p>	<p>YOU MAY NOT release any claim information or answer any questions pertaining to the beneficiary</p> <p>Advise the contact that the information is protected under the Privacy Act and it is for the beneficiary's protection that we will not release the information.</p> <p>However, if the caller has a question about a specific claim, see the instructions regarding release of information on a specific claim.</p>	<p>MCM Part 3 §10022 MIM Part 3 §3767</p>
<p>A beneficiary's spouse, relative, friend or advocacy group (<u>excluding</u> State Health Insurance Assistance Program (SHIP) employees and volunteers)</p>	<p>The beneficiary is deceased and you have proof that the beneficiary is deceased (e.g., date of death shown on CWF, MBR or copy of death certificate).</p>	<p>In order to access the beneficiary's record, the caller must provide the beneficiary's:</p> <ul style="list-style-type: none"> • Full name; • Date of birth; • HIC number; and • One additional piece of information such as SSN, address, phone number, effective date(s), whether he/she has Part A and/or Part B coverage. 	<p>When a beneficiary is deceased, (and we have proof) they are no longer protected under the Privacy Act; therefore any information may be released as long as it is not harmful to the family or to the estate.</p> <p>(Note: The HIPAA privacy regulation will extend privacy protections to the deceased. The compliance date for the privacy regulation is April 2003.)</p>	<p>MCM Part 3 §10022 MIM Part 3 §3767</p>

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for Inquiries on the Beneficiary Lines

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
A CMS employee	<p>The CMS employee provides the following information in order to identify the beneficiary in question.</p> <ul style="list-style-type: none"> • Full name • Date of birth • HIC number • One additional piece of information such as SSN, address, phone number, effective date(s), whether he/she has Part A and/or Part B coverage. 	<p>There are three ways that a CSR may verify that he/she is speaking with a CMS employee.</p> <ol style="list-style-type: none"> 1. Both parties on the call look at the CWF or MBR record (or other beneficiary record to which they both have access). The CSR or CMS employee can name a field on the CWF or MBR and ask that the other party identify what is in that particular field. <u>OR</u> 2. The CSR may ask for the CMS employee's phone number and call him/her back, making sure that the area code and exchange is correct for the CO or RO location; NOTE: Caller ID or similar service may be used to verify the area code and exchange in lieu of a callback. <u>OR</u> 3. The CSR may take the name and number of the agency employee, the name and number of 	<p>If the CSR is reasonably certain that he/she is speaking to a CMS employee, the CSR may release any claim information and answer any questions pertaining to the beneficiary's Medicare coverage.</p>	<p>45 CFR Subtitle A 5b.5 (v) MCM Part 3 §10020 E 2 MIM Part 3 §3764 E 2 POMS GN 03310.005</p>

Disclosure Desk Reference for Call Centers
for Inquiries on the Beneficiary Lines

		his/her supervisor, the date and reason for the inquiry, and post this information to the "NOTES" screen.		
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Disclosure Desk Reference for Call Centers
for Inquiries on the Beneficiary Lines

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
<p>An employee of another Federal agency (e.g., SSA, RRB, VA, DoD) who needs the information to perform their duties</p>	<p>The employee of the other agency provides the following information in order to identify the beneficiary in question:</p> <ul style="list-style-type: none"> • Full name; • Date of birth; • HIC number; and • One additional piece of information such as SSN, address, phone number, effective date(s), whether he/she has Part A and/or Part B coverage. <p>Ensure that the reason for the inquiry is related to the administration of that agency's program.</p>	<p>There are three ways that a CSR may verify that he/she is speaking with an employee of another agency.</p> <ol style="list-style-type: none"> 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 agency's employee identify what is in that particular field. <u>OR</u> 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 agency; NOTE: Caller ID or similar service may be used to verify the area code and exchange in lieu of a callback. <u>OR</u> 3. The CSR may take the name and number of the agency employee, the name and number of 	<p>If the CSR is reasonably certain that he/she is speaking to the other agency's employee, the CSR may release any claim information and answer any questions related to the administration of that agency's program.</p>	<p>MCM Part 3 §10013 MIM Part 3 §3765 MCM Part 3 §10020 E 2 MIM Part 3 §3764 E 2 MCM Part 3 §10037 MIM Part 3 §3772 POMS GN 03310.015</p>

Disclosure Desk Reference for Call Centers
for Inquiries on the Beneficiary Lines

		his/her supervisor, the date and reason for the inquiry, and post this information to the "NOTES" screen.		
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Disclosure Desk Reference for Call Centers
for Inquiries on the Beneficiary Lines

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
State Agencies administering Medicaid		Inform the caller that state agencies must get this information through the channels formerly referred to as BEST/CASF.	Advise the caller that instructions on the process can be found at http://www.cms.hhs.gov/states/letters/	MCM Part 3 §10031 A MIM Part 3 §3770 http://www.cms.hhs.gov/states/letters/
Complementary health insurance (Medigap, complementary crossover, supplemental)	The beneficiary has signed an agreement with the complementary health insurer granting that company the authorization to receive Medicare claim information.	Verify the complementary health insurer is identified on the beneficiary's file. Verify the identity of the beneficiary in question by asking for his/her: <ul style="list-style-type: none"> • Full name; • Date of birth; • HIC number; and • One additional piece of information such as SSN, address, phone number, effective date(s), whether he/she has Part A and/or Part B coverage. 	Answer any question pertaining to the beneficiary's claims that should have crossed over to the complementary insurer.	

Disclosure Desk Reference for Call Centers for Inquiries on the Beneficiary Lines

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
<p>Medicare Contractor (Fiscal Intermediary/Carrier/DMERC/RHHI)</p>	<p>The Medicare Contractor being contacted processed the claim in question.</p> <p>Verify the identity of the beneficiary in question by asking for his/her:</p> <ul style="list-style-type: none"> • Full name; • Date of birth; • HIC number; and • One additional piece of information such as SSN, address, phone number, effective date(s), whether he/she has Part A and/or Part B coverage. 	<p>There are three ways that a CSR may verify that he/she is speaking with an employee of another agency.</p> <ol style="list-style-type: none"> 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 MBR and ask that the other agency's employee identify what is in that particular field. <u>OR</u> 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 agency; NOTE: Caller ID or similar service may be used to verify the area code and exchange in lieu of a callback. <u>OR</u> 3. The CSR may take the name and number of the agency employee, the name and number of 	<p>If the CSR is reasonably certain that he/she is speaking to the other contractor's employee, the CSR may release any claim information and answer any questions pertaining to the beneficiary's claims that were processed by the Medicare Contractor being contacted.</p>	

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		his/her supervisor, the date and reason for the inquiry, and post this information to the "NOTES" screen.		
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Disclosure Desk Reference for Call Centers
for Inquiries on the Beneficiary Lines

IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
Other Health Insurer (MSP involved)	The beneficiary has signed an agreement with the health insurer granting that company the right to coordinate benefits with Medicare.	<p>Verify the identity of the beneficiary in question by asking for his/her:</p> <ol style="list-style-type: none"> 4. Full name; 5. Date of birth; 6. HIC number; and <p>One additional piece of information such as SSN, address, phone number, effective date(s), whether he/she has Part A and/or Part B coverage.</p> <p>Refer the caller to the Coordination of Benefits (COB) Contractor for all Medicare Secondary Payer (MSP) inquiries (<u>except claims-related questions</u>) including:</p> <ul style="list-style-type: none"> • The reporting of potential MSP situations • Changes in a beneficiary's insurance coverage • Changes in employment, • All other general MSP questions. <p>COB Contractor Number 1-800-999-1118</p> <p>TTY/TDD</p>	You may answer any questions pertaining to the beneficiary's file that are necessary to coordinate benefits.	<p>MCM Part 3 10025 C</p> <p>MIM Part 3 3768 C</p> <p>Program Memorandum Intermediaries/Carriers Transmittal AB-00-129 Change Request 1460 dated 12/19/00</p>

Disclosure Desk Reference for Call Centers
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		1-800-318-8782		
		CSRs are available 8 am to 8 pm (Eastern Time)		

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IF THE CONTACT IS:	AND:	YOU MUST:	THEN YOU CAN:	REFERENCE
<p>An institutional provider, physician, supplier, or other provider (received on the beneficiary inquiry line)</p>			<p>Refer the provider to the provider inquiry line.</p> <p>Blended call centers (those that answer both beneficiary and provider calls at the same place) may choose to answer provider calls on the beneficiary line if they have the ability to track the calls appropriately. Otherwise, they should refer the contact to the appropriate provider inquiry number.</p> <p>You may speak with that provider only about his/her own claims. You may not discuss other provider's claims.</p> <p>When there is a systems problem that causes a claim to be rejected or denied, it is your responsibility to accept the information from the provider in order to make corrections that will allow the claim to be processed. It is at the discretion of the contractor as to whether certain types of calls may be referred to the provider</p>	<p>MCM Part 3 §10021</p> <p>MIM Part 3 §3765</p>

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			representatives or whether to utilize the beneficiary representative to resolve the issue in the most cost effective and efficient manner.	
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Disclosure Desk Reference for Call Centers for Inquiries on the Beneficiary Lines

GENERAL NOTES AND DEFINITIONS:

ACCESS – Releasing information in a Medicare record directly to the beneficiary to whom it pertains. A natural or adoptive parent of a minor child or legal guardian can also have access when acting on behalf of the individual. A minor child may access his/her own record. Any person may have access to information (except information related to diagnosis) maintained in his/her own record after identifying his/herself.

DISCLOSURE – Releasing information in a Medicare record to anyone other than the subject individual, legal guardian or parent of minor. The individual to whom the information pertains must consent to, or authorize, (either verbally or in writing) the disclosure of his/her personal information to the third party.

A REPRESENTATIVE PAYEE is a person or organization appointed by the Social Security Administration when it is determined that the beneficiary is unable (due to mental or physical incapability) to handle, manage or direct someone else to manage his/her own benefits, and it is determined to be in the best interest of the beneficiary to appoint a payee. The beneficiary does not have to be declared legally incompetent in order to use a representative payee. However, if a beneficiary is judged legally incompetent, they must have a payee. The representative payee may make any request or give any notice on behalf of the beneficiary. He/she may give or draw out evidence of information, get information, and receive any notice in connection with a pending claim or asserted rights. The payee has the responsibility to handle all matters related to Social Security and Medicare on behalf of the beneficiary.

A LEGAL REPRESENTATIVE is appointed by the beneficiary to handle specific areas of concern on his/her behalf. The legal representative may only receive information related to the reason he/she was appointed (i.e., health care decisions, financial matters, etc.). The beneficiary does not have to be unable to handle his/her affairs.

Certain individuals are entitled to Medicare, but not entitled to Social Security benefits and are directly billed for the Medicare premium payments. If SSA determines that an individual is not capable of handling his/her premium payments, or at the individual's request, SSA will appoint a Premium Payer. A premium payer is similar to a representative payee and can be given information related to Medicare claims.

The State Health Insurance Assistance Program (SHIP) employees and volunteers are not addressed in these guidelines. Disclosure instructions for the SHIP employees and volunteers will be addressed as a separate issue. Continue your current practice until such instructions are published.

An individual who makes a request by telephone must verify his/her identity by providing identifying particulars, which parallel the record to which notification or access is being sought. If the CSR determines that the particulars provided by telephone are insufficient, the requestor will be required to submit the request in writing or in person. Telephone requests will not be accepted where an individual is requesting notification of, or access to, sensitive records such as medical records.

Always remember that access and disclosure involves looking at a Medicare record and giving out information. If you do not have to look at a record (for example, in explaining a letter), access and disclosure rules are not involved. General (that is, non beneficiary-specific) information may be discussed at any time with any caller.

Medicare Customer Service Center (MCSC) employees must follow the MCSC rules governing disclosure which require CSRs to obtain at least four items of information to identify the beneficiary for claims information and six items when accessing the MBR or EDB. For consistency among contractors, we recommend that three of those items are the beneficiary's name, HIC number, and date of birth.

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On all Medicare Customer Service Center (MCSC) calls dealing with Managed Care issues other than enrollment/disenrollment issues and dates, refer the contact to the Managed Care organization. You may not release any Managed Care claims information. **NOTE:** Representative payees are not authorized to enroll or disenroll beneficiaries in Managed Care Organizations, unless the representative payee has that authority under state law.

A written consent/authorization must:

- Be signed by the beneficiary and dated by the beneficiary;
- Specify the individual, organizational unit, class of individuals or organizational units to which the information may be disclosed;
- Specify the records, information, or types of information that may be disclosed; and
- Indicate whether the consent is a one-time, a limited time, or an ongoing release.

For non-English speaking beneficiaries, you must obtain the beneficiary's identifying information and verbal consent (via the AT&T language line or similar service, or other interpreter) prior to speaking with the friend, relative, etc.

If the Automated Voice Response (ARU) or Interactive Voice Response (IVR) system obtains the beneficiary's name, HIC number and DOB and one additional piece of information (such as SSN, address, phone number, effective date(s), whether they have Part A and/or Part B coverage) prior to the CSR answering, and this is evident to the CSR, it is not necessary to obtain that information again. The CSR should ask to whom they are speaking just to ascertain if it is the beneficiary or someone acting on the beneficiary's behalf.

You can discuss diagnosis denials such as medical necessity, MSP and routine diagnosis services in order to explain the reason the claim was denied. Assist the caller if the diagnosis is in dispute.

Example 1: The patient's claim denied for a routine physical exam (program exclusion). The CSR explains the reason the claim was denied was because of the routine diagnosis submitted on the claim. The patient explains that he/she was seeing the doctor for back pain. The CSR needs to advise the caller to contact the physician to discuss the reported diagnosis.

Example 2: After receiving an auto/liability questionnaire, the beneficiary calls to report a service noted was not related to an accident/injury. The CSR should check the claims history to verify the presence of an open MSP auto/liability segment with an unrelated diagnosis. If an open MSP segment and an unrelated diagnosis are present on the claim, the CSR should follow established procedure for overriding the edit and adjusting the claim. This may include contacting the provider office first to confirm whether an erroneous unrelated diagnosis was reported. If an unrelated diagnosis was erroneously reported, the CSR may initiate an adjustment after receiving confirmation of the incorrect reporting from the provider office.

For situations not specifically addressed here, the CSR should use his/her discretion, taking care to protect the beneficiary's privacy and confidentiality. Refer situations in which the CSR is unsure of whether or not to release information to his/her supervisor or to the organization's privacy official.

Frequently Asked Questions on this topic may be found at <http://www.cms.hhs.gov/callcenters/qanda.asp>.