

CMS Response to Comment

Appointment of Representative Form CMS-1696

UHC Comment: UnitedHealthcare (UHC) is responding to the Information Collection Request (ICR) for the Centers for Medicare & Medicaid Services (CMS) entitled, Appointment of Representative. The ICR was published by CMS in the Federal Register on May 21, 2025 (90 FR 21773).

UHC recommends that CMS consider eliminating the Appointment of Representative (AOR) and Business Associate Agreement (BAA) documentation requirement for third party billers and billing agencies submitting appeals. The third-party billing agencies are considered “staff” of the applicable provider’s office and are already contractually bound to confidentiality agreements. As a result, these AOR documentation requirements are duplicative and inefficient. Thank you for your thoughtful consideration of our comments.

CMS Response: Thank you for your comment on the Appointment of Representative (AOR) form. CMS requires contractors to disclose protected health information only to entities who are authorized to obtain such information. Accordingly, we instruct contractors to limit disclosure during the course of an appeal to entities who are parties to the appeal (generally health care practitioners who furnished care, and beneficiaries), as well as any persons who are appointed or authorized representatives to a party. With respect to appointed and authorized representatives, the instrument that establishes the relationship with the representative must authorize disclosure of information related to the items or services appealed.

As noted in the [Medicare Claims Processing Manual, 100-04, Chapter 29](#), Section 270.1.1, we acknowledge that billing clerks or billing services employed by the provider or supplier to prepare and/or bill the initial claim, process payments, and/or pursue appeals, act as the agent of the provider or supplier and do not need to be appointed as representative of the provider/supplier. However, in order to disclose protected health information to such entities, this relationship must be included as part of the provider or supplier’s enrollment agreement with Medicare and be documented in the enrollment system. When a Medicare Administrative Contractor (MAC) receives an appeal from a company or person that is not a named party to

the claim under appeal (either the provider/supplier or the beneficiary), the MAC reviews the provider enrollment system to see if there is a billing agency on record. If there is no recorded entity listed, and no AOR or agreement documents are submitted with the appeal, the MAC must be able to verify the relationship to the party so that protected information is not released to unauthorized entities. If the billing agent is not included as part of the enrollment agreement, then an AOR or comparable instrument would be required to disclose protected health information, including appeal decisions.