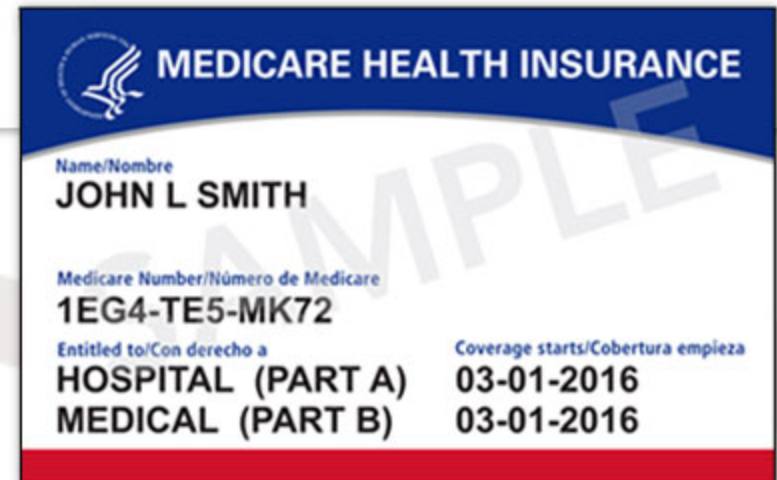


# NEW MEDICARE CARD PROJECT

**CGS Administrators, LLC Jurisdiction 15**

**Ask the Contractor Teleconference**

*January 24, 2018*



A CELERIAN GROUP COMPANY



CENTERS FOR MEDICARE & MEDICAID SERVICES

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# Background

- The Health Insurance Claim Number (HICN) is a Medicare beneficiary's identification number, used for processing claims and for determining eligibility for services across multiple entities (e.g., Social Security Administration (SSA), Railroad Retirement Board (RRB), States, Medicare providers, and health plans)
- The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 mandates the removal of the Social Security Number (SSN)-based HICN from Medicare cards to address current risk of beneficiary medical identity theft
- The legislation requires that CMS mail out new Medicare cards with a new Medicare Beneficiary Identifier (MBI) by April 2019

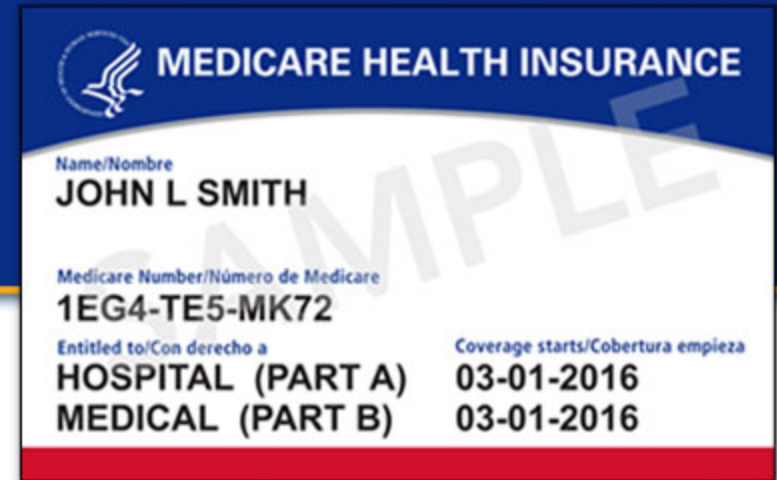
# Operational Goals

- **Primary Operational Goal:** To decrease Medicare Beneficiary vulnerability to identity theft by removing the SSN-based number from their Medicare identification cards and replace with a new unique Medicare Number
  - In achieving this goal CMS seeks to:
    - Minimize burdens for beneficiaries
    - Minimize burdens for providers
    - Minimize disruption to Medicare operations
    - Provide a solution to our business partners that allows usage of HICN
    - and/or new Medicare Number for business critical data exchanges
    - Manage the cost, scope, and schedule for the project

# Complex IT Systems affecting Providers, Partners, and Beneficiaries

- Along with our partners, CMS will address complex systems changes for over 75 systems, conduct extensive outreach & education activities and analyze the many changes that will be needed to systems and business processes
- Affected stakeholders include:
  - Federal partners, States, Beneficiaries, Providers, and Plans
  - Other key stakeholders, such as billing agencies, advocacy groups, data warehouses, etc.
- CMS has been working closely with partners and stakeholders to implement the New Medicare Card Project

# New Medicare Card Project



## Implementation of New Medicare Numbers

# Solution Concept for the New Medicare Cards

- The SSN Removal solution must provide the following capabilities:
  1. **Generate Medicare Beneficiary Identifiers (MBI) for all beneficiaries:** Includes existing (currently active, deceased, or archived) and new beneficiaries
  2. **Issue new, redesigned Medicare cards:** New cards containing the MBI to existing and new beneficiaries
  3. **Modify systems and business processes:** Required updates to accommodate receipt, transmission, display, and processing of the MBI
- **CMS will use an MBI generator to:**
  - Assign 150 million MBIs in the initial enumeration (60 million active and 90 million deceased/archived) and generate a unique MBI for each new Medicare beneficiary
  - Generate a new unique MBI for a Medicare beneficiary whose identity has been compromised

# HICN and MBI Number

## ■ Health Insurance Claim Number (HICN)

- Primary Beneficiary Account Holder Social Security Number (SSN) plus Beneficiary Identification Code (BIC)
- 9-byte SSN plus 1 or 2-byte BIC
- Key positions 1-9 are numeric

## ■ Medicare Beneficiary Identifier (MBI)

- New Non-Intelligent Unique Identifier
- 11 bytes
- Key positions 2, 5, 8, and 9 will always be alphabetic

Key	Example
SSA HICN	123-45-6789-A1
MBI	1EG4-TE5-MK73

**Note:** Identifiers are fictitious and dashes for display purposes only; they are not stored in the database nor used in file formats

# New Medicare Number Characteristics

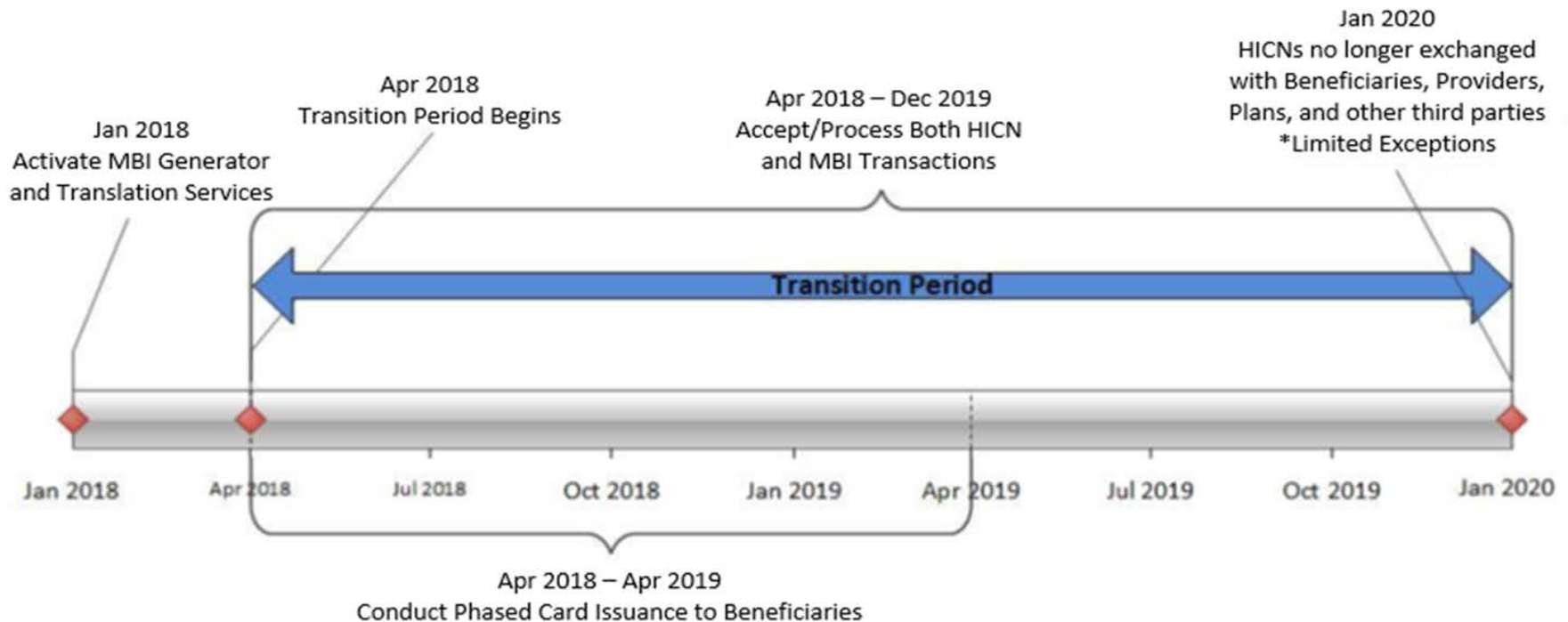
- The Medicare Beneficiary Identifier (MBI) will have the following characteristics:
  - The same number of characters as the current HICN (11), but will be visibly distinguishable from the HICN
  - Contain uppercase alphabetic and numeric characters throughout the 11-digit identifier
  - Occupy the same field as the HICN on transactions
  - Be unique to each beneficiary (e.g., husband and wife will have their own MBI)
  - Be easy to read and limit the possibility of letters being interpreted as numbers (e.g., alphabetic characters are upper case **only** and will exclude S, L, O, I, B, Z)
  - Not contain any embedded intelligence or special characters
  - Not contain inappropriate combinations of numbers or strings that may be offensive
- CMS anticipates that the MBI will not be changed for an individual unless the MBI is compromised or other limited circumstances still undergoing review



# Using the New Medicare Number – During Transition

- The transition period will run from **April 2018 through December 31, 2019**
- CMS will complete its system and process updates to be ready to accept
- and return the MBI on April 1, 2018
- All stakeholders who submit or receive transactions containing the HICN must modify their processes and systems to be ready to submit or exchange the MBI by April 1, 2018. Stakeholders may submit **either** the MBI or HICN **during the transition period**
- CMS will accept, use for processing, and return to stakeholders either the
- MBI or HICN, whichever is submitted on the claim, **during the transition period**
- CMS will actively monitor use of HICNs and MBIs during the transition period to ensure that everyone is ready to use MBIs only by January 1, 2020

# MBI Generation and Transition Period



# Using the New Medicare Number – During Transition

- CMS is making systems changes so that when a provider checks a beneficiary's eligibility, the CMS HIPAA Eligibility Transaction System (HETS) will return a message on the response indicating that CMS mailed that particular beneficiary's new Medicare card
- Beginning October 2018 through the end of the transition period, when a **valid and active** HICN is submitted on Medicare fee-for-service claims **both the HICN and the MBI** will be returned on the remittance advice
  - The MBI will be in the same place you currently get the “changed HICN”: 835 Loop 2100, Segment NM1 (Corrected Patient/Insured Name), Field NM109 (Identification Code)
- Use of HICN and MBI for the same person with Medicare on the same batch of claims
  - During the transition period, we'll process all claims with either the HICN or MBI, even when both are in the same batch

# Using the New Medicare Number – During Transition

- Medicaid and supplemental insurers
  - We will give State Medicaid Agencies and supplemental insurers the MBIs for Medicaid-eligible people who also have Medicare before we mail the new Medicare cards. During the transition period, we'll process and transmit Medicare crossover claims with either the HICN or MBI
- Railroad Retirement Board (RRB) beneficiaries
  - The RRB will continue to send cards with the RRB logo, but you can't tell from looking at the MBI if beneficiaries are eligible for Medicare because they're railroad retirees
  - Medicare Providers must program their systems to identify RRB beneficiaries so they know to send those claims to the Specialty Medicare Administrative Contractor (SMAC)
  - Beginning in April 2018, we'll return a message on the eligibility transaction response for a RRB patient. The message will say, "Railroad Retirement Medicare Beneficiary."
  - 271 Loop 2110C, Segment MSG

# Using the New Medicare Number – During Transition

- Private payers
  - For non-Medicare business, private payers won't have to use the MBI. We'll continue to use supplemental insurer's unique numbers to identify customers, but after the transition period, supplemental insurers must use the MBI for any Medicare transactions where they would have used the HICN
- In addition, CMS is working to develop capabilities where providers will be able to access a beneficiary's MBI through a secure look up tool at the point of service
  - In instances in which a beneficiary does not have a new Medicare card at the point of care, we believe this look up tool will give providers a mechanism to access a beneficiary's MBI securely without disrupting workflow

# New Medicare Number Exceptions After the Transition Period

Beneficiaries, providers, and plans will no longer use the HICN for internal and most **external** purposes.

However, once the transition period is over, you'll still be able to use the HICN in these situations:

- Medicare plan exceptions:
  - **Appeals** – You can use either the HICN or the MBI for claims appeals and related forms
  - **Adjustments** – You can use the HICN indefinitely for some systems (Drug Data Processing, Risk Adjustment Processing, and Encounter Data) and for all records, not just adjustments
  - **Reports** – We will use the HICN on these reports until further notice:
    - Incoming to us (quality reporting, Disproportionate Share Hospital data requests, etc.)
    - Outgoing from us (Provider Statistical & Reimbursement Report, Accountable Care Organization reports, etc.)

# New Medicare Number Exceptions After the Transition Period

## ■ **Fee-for-Service claim exceptions:**

- **Appeals** - You can use either the HICN or the MBI for claims appeals and related forms
- **Span-date claims** - You can use the HICN for 11X-Inpatient Hospital, 32X-Home Health, and 41X-Religious Non-Medical Health Care Institution claims if the “From Date” is before the end of the transition period (12/31/2019).
  - You can submit claims received between April 1, 2018 and December 31, 2019 using the HICN or the MBI.
  - If a patient starts getting services in an inpatient hospital, home health, or religious non-medical health care institution before December 31, 2019, but stops getting those services after December 31, 2019, you may submit a claim using either the HICN or the MBI, even if you submit it after December 31, 2019.

## ■ **Other Exceptions:**

- **Incoming premium payments** - People with Medicare who don't get SSA or RRB benefits and submit premium payments should use the MBI on incoming premium remittances. But, we'll accept the HICN on incoming premium remittances after the transition period. (Part A premiums, Part B premiums, Part D income related monthly adjustment amounts, etc.)

# New Medicare Card Number Implementation Milestones

## 2016-2017

- **March 2016** – Launch Phase I New Medicare Card Web Content on cms.gov
- **March 2016 to August 2016** – Conduct listening Sessions with External Stakeholders
- **August 2016** – Launch Phase II New Medicare Card Web Content on <https://cms.gov>
- **September 2016** – MBI Generator in Testing Environment
- **May 2017** – MBI Development Complete
- **September 2017** – Medicare & You Handbook mailed with information about New Medicare Card, beginning robust education and outreach to people with Medicare
- **September 2017** – Give providers tools to reach their patients about the new card
- **NOW** – Providers prepare and test providers systems & processes to use the MBI by April 2018. If you use vendors, contact them to find out about their practice management system changes

## 2018-2020

- **April 2018** – All systems & processes able to accept MBI
- **April 2018** – Begin mailing new Medicare cards with MBI to 60M beneficiaries
- **June 2018** – Expected launch of provider look-up tool
- **October 2018** – Return MBI on remittance advice
- **April 16, 2019** – Deadline for issuance of new Medicare cards
- **January 2020** – End of Transition Period: Use the MBI on data exchanges



# What Providers Need to Know to Get Ready for the New MBI

1. Subscribe to the weekly <https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive.html> newsletter for updates and new information
2. Verify your patients' addresses:
  - If the address you have on file is different than the address you get in electronic eligibility transaction responses, encourage your patients to correct their address in Medicare's records at SSA using <https://www.ssa.gov/myaccount/> (this may require coordination between your billing and office staff)
  - Remind people with Medicare that Medicare will never contact them and request personal information. They should protect their new Medicare number like a credit card and only share it with trusted providers

# What Providers Need to Know to Get Ready for the New MBI

## 3. Get ready to use the new MBI Format:

- Ask your billing and office staff if your system can accept the 11 digit alpha numeric MBI
- If you use vendors to bill Medicare, ask them about their MBI practice management system changes and make sure they are ready for the change
- Encourage practices and health care facilities to visit our website at <https://www.cms.gov/medicare/new-medicare-card/nmc-home.html>

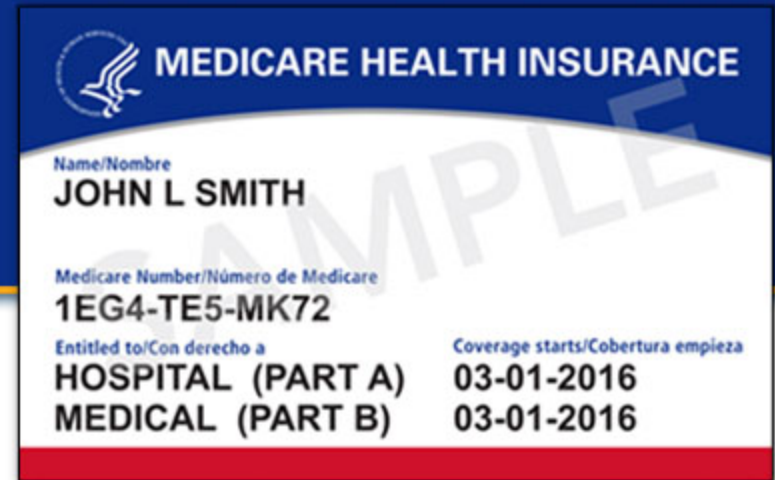
## 4. Make sure you can access the new provider portal to obtain a patient's MBI:

- You'll be able to look up your Medicare patient's new Medicare number through your Medicare Administrative Contractor's (MAC's) secure web portal starting in June 2018.

# Outreach and Education

- CMS will provide outreach and education to:
  - Approximately 60 million beneficiaries, their families, advocacy groups, and caregivers
  - Health Plans
  - The provider community (1.5M providers)
    - All Provider Letter and Fact Sheet
    - Quarterly Open Door Forums
  - States and Territories
  - Other business partners, including vendors
- CMS will involve all business partners in our outreach and education efforts through their existing vehicles for communication (e.g., Open Door Forums, HPMS notices, MLN Connects)

# New Medicare Card Project



## New Medicare Card

# New Card Issuance

- CMS will begin mailing new cards in April 2018 and will meet the congressional deadline for replacing all Medicare cards by April 2019
- The gender and signature line will be removed from the new Medicare cards
- The Railroad Retirement Board will issue their new cards to RRB beneficiaries
- We will work with states that currently include the HICN on Medicaid cards
- to remove the Medicare ID or replace it with an MBI

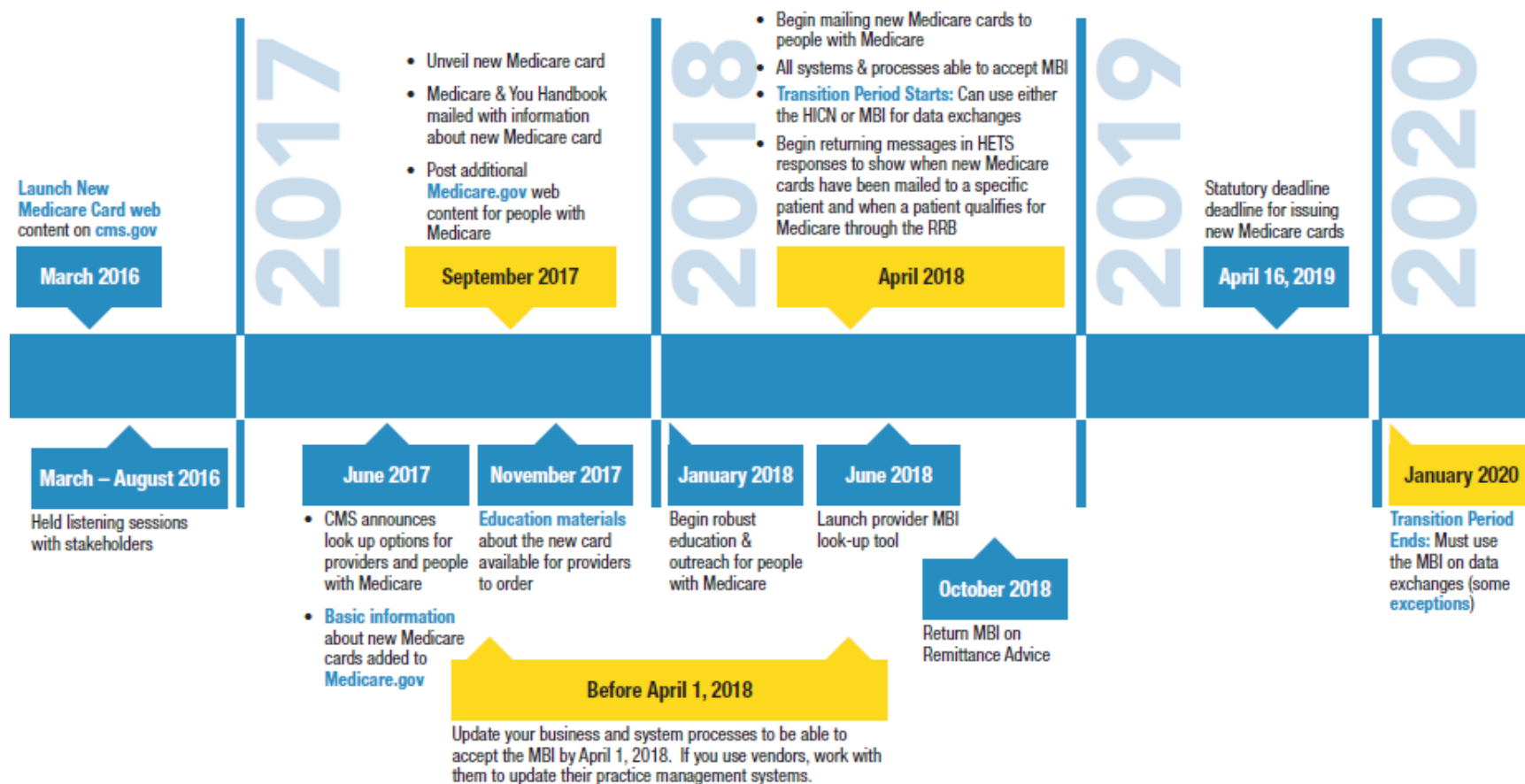
# Beneficiary Outreach and Education

- CMS will conduct intensive education and outreach to all Medicare beneficiaries, their families, caregivers, and advocates to help prepare for this change from September 2017 through April 2019
- Information about the new card is included in the 2018 Medicare & You Handbook that was mailed to all beneficiaries in September 2017
- Once they receive their new cards, beneficiaries will be instructed to safely and securely destroy their old Medicare cards and keep the new Medicare number confidential
- CMS is also working to develop a secure way for beneficiaries to be able to access their new Medicare number when needed

# Key Points to Reinforce

- For the most updated information on the New Medicare Card please go to:
  - <https://www.cms.gov/medicare/new-medicare-card/nmc-home.html>
  - <https://www.cms.gov/newcard>
- Understand that mailing everyone a new card will take some time. Your card might arrive at a different time than your friend's or neighbor's.
- Make sure your mailing address is up-to-date. If your address needs to be corrected, contact Social Security at:
  - <https://www.ssa.gov/myaccount/>
  - 1.800.772.1213 (TTY: 1.800.325.0778)
- Beware of anyone who contacts you about your new Medicare card. We will never ask you to give us personal or private information to get your new Medicare number and card.

# Timeline for Outreach





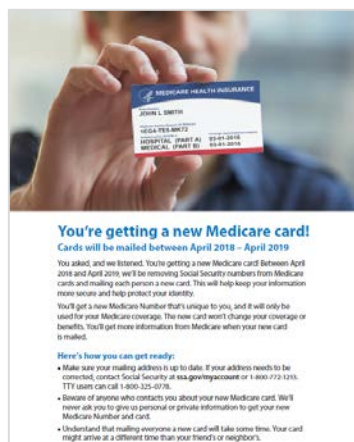
# Outreach and Education Resources

Resources to help you communicate with people with Medicare are available on our the CMS website <https://www.cms.gov/newcard> to print and order:

## A Poster for Providers' Offices



## A flyer you can hand out



## Tear-offs for Patients



## Conference Cards for Beneficiaries



# State Messaging

- Communicate with SMAs audience on the new Medicare Card and encourage readiness
- Reach out to your Fiscal Agents and ensure they are ready and will be in compliance
- Medicaid MCOs – Ensure Managed Care Organizations under contract with the states are ready and or working towards compliance. SMAs are responsible for MCOs compliance.
- Medicaid providers – Reach out to Medicaid providers and rural providers.
- Communicate SMAs readiness and transition to their stakeholders.
- Reach out to other stakeholders with whom the states currently exchange or share information that contains SSN based HICN.
- Any entity acting for and on behalf of the states currently using SSN based HICN should be ready
- Test with a segment of their providers to ensure readiness. Number of tests and extent of test are determined by SMAs.

# Final Thoughts

- Thank you for participating in this discussion today, to learn more about the New Medicare Card you can:
  - Participate in our Open Door Forums. We will let you know when calls are scheduled in <https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive.html>
  - Check the CMS “New Medicare Card” website for other information: <https://www.cms.gov/medicare/new-medicare-card/nmc-home.html>
- Here are resources you can use when you talk to people with Medicare about the new Medicare cards: <https://www.cms.gov/Medicare/New-Medicare-Card/Partners-and-Employers/Partners-and-employers.html>
- Please submit any additional comments or questions to the New Medicare Card team mailbox: [newmedicarecardSSNRemoval@cms.hhs.gov](mailto:newmedicarecardSSNRemoval@cms.hhs.gov)