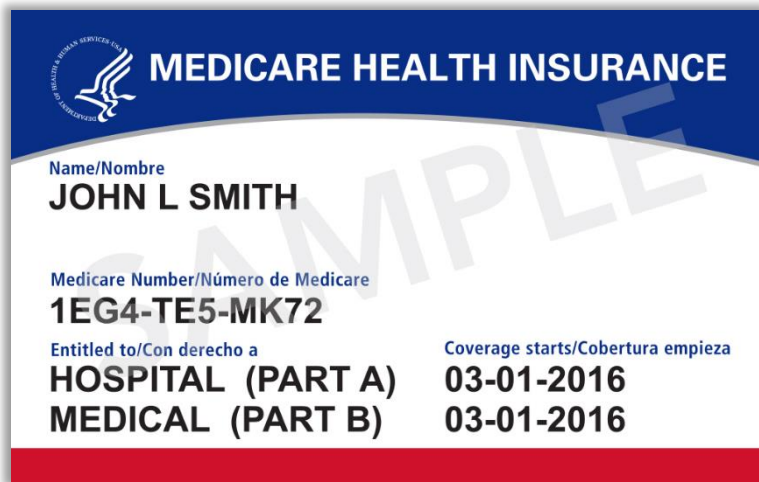


New Medicare Card Project



New Medicare Card Project Open Door Forum

September 11, 2019

We Are Nearing the Finish Line!

Just 16 weeks away from the end of the transition!

- Starting January 1, 2020, you must submit claims with the Medicare Beneficiary Identifier (MBI). CMS will reject claims submitted with the Health Insurance Claim Number (HICN), with limited exceptions.
- Starting January 1, 2020, you must submit all eligibility transactions with the MBI. CMS will reject all eligibility transactions submitted with the HICN.

Are you ready?

New Medicare Card Mailing Complete

- We've finished mailing new cards to people with Medicare across all U.S. states and territories.
- Over 61 million beneficiaries got new cards in the mail since April 2018.
 - Includes people new to Medicare and existing beneficiaries.
- All beneficiaries and providers should use MBIs Now!



Key Points to Reinforce with Beneficiaries

If someone with Medicare says they didn't get a new card with a new number, they should:

- Sign into MyMedicare.gov to see their Medicare number or print their official card. They must create an account if they don't already have one.
- Call 1-800-MEDICARE (1-800-633-4227) where we can verify their identity, check their address and help them get their new card. There might be something that needs to be corrected, like their mailing address.
- Use their current card to get health care services (until December 31, 2019) **but** remember to bring your card the next time. (Providers: remember to get the MBI from the remittance advice and save it in your system to use the next time you submit a claim and give your patients the Get Your New Medicare Card flyer in [English](#) or [Spanish](#).)

Key Points to Reinforce with Beneficiaries

- Beneficiaries should:
 - Use their new Medicare card
 - **Make sure to bring their new card with them when they get health care services – Very Important!!**
 - Continue to protect their new Medicare number
- CMS will never call beneficiaries uninvited for their Medicare number or other personal information. Beneficiaries who think their number is compromised should call 1-800-MEDICARE.
- MBIs use numbers 0-9 and all uppercase letters **except** for S, L, O, I, B, and Z.
 - Don't get confused between “0” and “O” when signing up for or logging into MyMedicare.gov.

MyMedicare.gov - View or Print new Medicare card

Medicare.gov

JOHN A DOE ▾

Live Chat

Log out

Español

Home

My Claims ▾

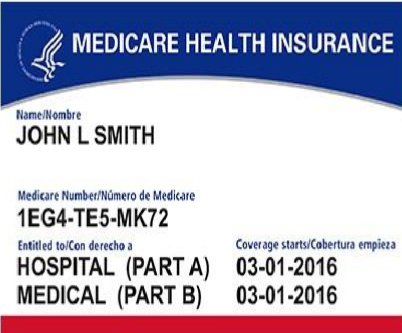
My Plans & Coverage

My Providers & Services ▾

Print my Medicare card

This is your official Medicare card. Print this card, and take it with you to your health care provider when you need services.

Front of card



MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

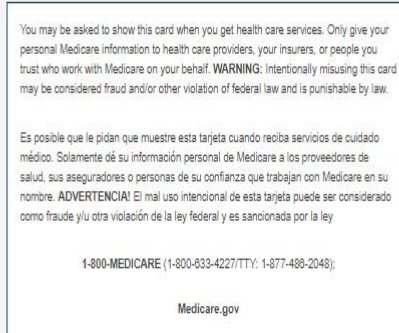
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HOSPITAL (PART A)
MEDICAL (PART B)

Coverage starts/Cobertura empieza
03-01-2016
03-01-2016

Print my card

Cancel

Back of card



You may be asked to show this card when you get health care services. Only give your personal Medicare information to health care providers, your insurers, or people you trust who work with Medicare on your behalf. **WARNING:** Intentionally misusing this card may be considered fraud and/or other violation of federal law and is punishable by law.

Es posible que le pidan que muestre esta tarjeta cuando reciba servicios de cuidado médico. Solamente dé su información personal de Medicare a los proveedores de salud, sus aseguradores o personas de su confianza que trabajan con Medicare en su nombre. **ADVERTENCIA!** El mal uso intencional de esta tarjeta puede ser considerado como fraude y/u otra violación de la ley federal y es sancionada por la ley.

1-800-MEDICARE (1-800-633-4227/TTY: 1-877-489-2048)

Medicare.gov

Order Medicare Card

FEEDBACK

- Log into or sign up for MyMedicare.gov. Accounts are password-protected and secure.
- Beneficiaries can view Medicare numbers/print a card.
- This page is available to view on smaller devices like cell phones.

[About Medicare](#) | [Medicare Glossary](#)

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Medicare.gov

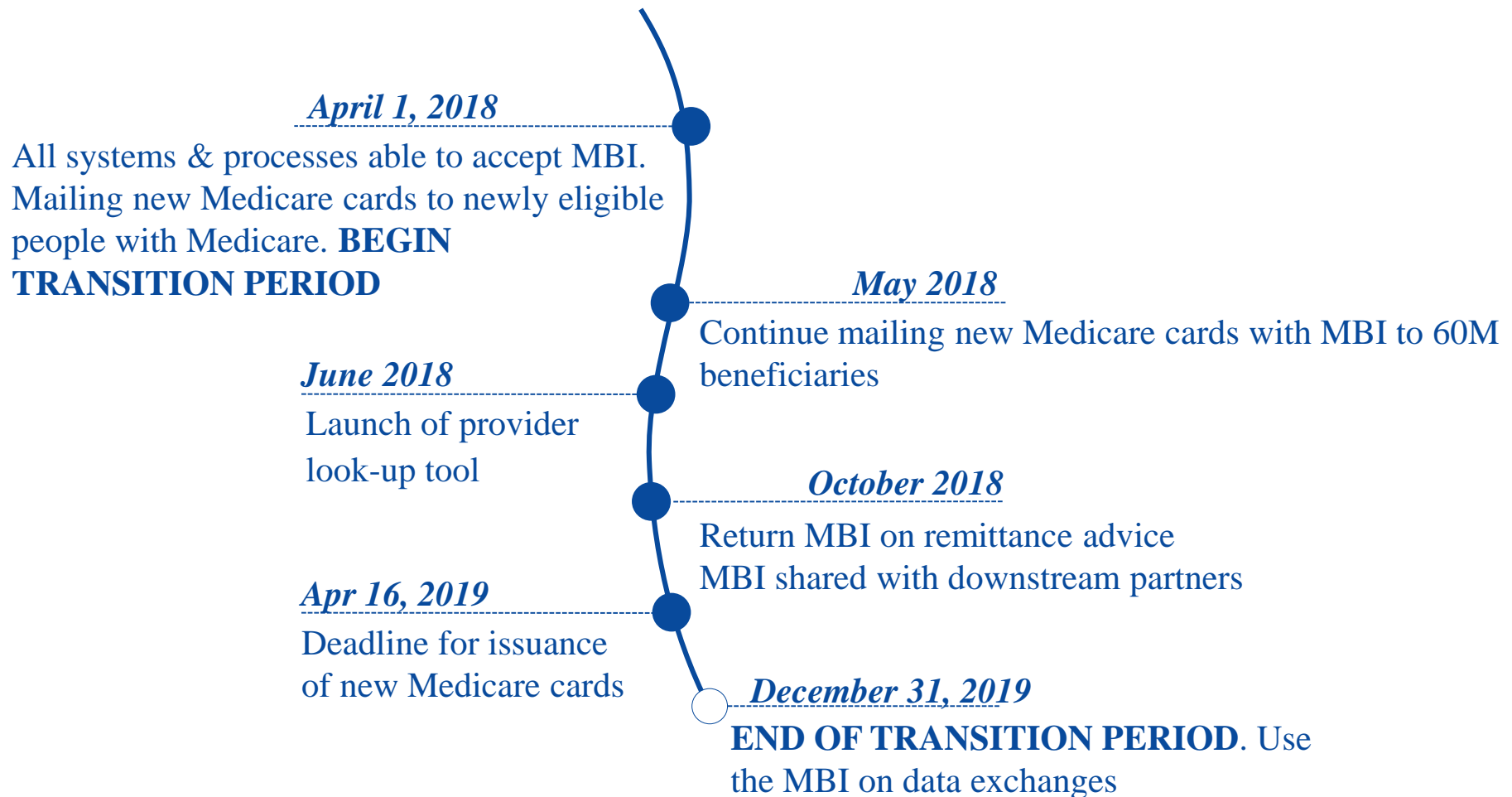


A federal government website managed and paid for by the
U.S. Centers for Medicare and Medicaid Services.

Transition Period (ALMOST OVER)
April 1, 2018 – December 31, 2019

Transition Period Milestones

April 1, 2018- January 1, 2020



Using the New Medicare Number – During Transition

- The transition period continues **through December 31, 2019.**
- CMS is accepting, using for processing, and returning to stakeholders either the MBI or HICN, whichever is submitted on the claim, during the transition period.
- **We encourage all stakeholders who submit or receive transactions with the HICN to start submitting or exchanging the MBI now.**
- CMS is actively monitoring the use of HICNs and MBIs to ensure that everyone is ready to use MBIs only by January 1, 2020.

79% of Medicare fee-for-service claims now include the MBI!

New Medicare Number HICN Exception Usage After the Transition Period

Beginning January 1, 2020, CMS will only accept the MBI for external data exchanges except for the following:

- Claims Status Queries
- Claims Held in Suspense
- Span Date Claims
 - Inpatient Hospital
 - Home Health
 - Religious Non-Medical Health Care Institutions
- Adjustments

COBA

- General Inquiry (Beneficiary, Provider, Plans, etc.)
- Quality Reporting
- Disproportionate Share Hospital (DSH) Requests
- Medicare Secondary Payer
- Congressional Inquiry
- Responses to Forms or Notices
- Outgoing Request for Medical Document

- Incoming Premium Payments (Part A, B, D IRMAA)

Claims

Appeals

- All Appeal Types

Part C/D

- Prescription Drug Events (PDE)
- Retiree Drug Subsidy (RDS)
- Risk Adjustment Data: RAPS and Encounter Data Records

Models

- Oncology Care Model (OCM) and Million Hearts (MH) Data Registry UI and Participating Organization Reports
- Medicare Shared Savings Program (MSSP)

Reports

- Quality Reporting
- Historical Reports
- Medicare Summary Notices
- Accountable Care Organization (ACO) Reports
- Provider Statistical & Reimbursement (PS&R)

Premiums

Information Requests

HICN Exceptions

Note: CMS, Federal Partners and States will continue to use HICN for internal processing during and after the transition period.

Note: Even in cases where there are exceptions, CMS will accept the MBI anywhere we used to accept HICNs

Key Points for Providers

Providers Should Use the MBI Now!

- Providers have 4 ways to get the new MBI:
 1. Patient presents the card at time of service
 2. Provider gets it through the a secure web portal with the MAC
 3. Provider gets it through the remittance advice (through the end of the transition period)
 4. Pharmacies get it through the E1 response (through the end of the transition period)
- 79% of Medicare fee-for-service claims now include the MBI, demonstrating that Medicare patients are successfully using their new cards in doctor's offices and other health care facilities.

All beneficiaries and providers should use MBIs as soon as possible!

Using the New Medicare Number – Providers

- Providers/Suppliers can use a MAC portal to look up any beneficiary's MBI.
- Providers must authenticate through their MAC portal with a valid user ID, password and NPI to look up a beneficiary's MBI via the Provider Lookup Tool.
- Providers must have the following beneficiary information to look-up MBIs:
 - Patient SSN, Last Name, First Name and Date of Birth

(Reminder - An individual's HICN may not always be their own SSN if benefits are tied to a spouse. Thus, using the numerical part of a HICN will not always return a response in the MBI look-up tools. Instead, use the individual's specific SSN.)

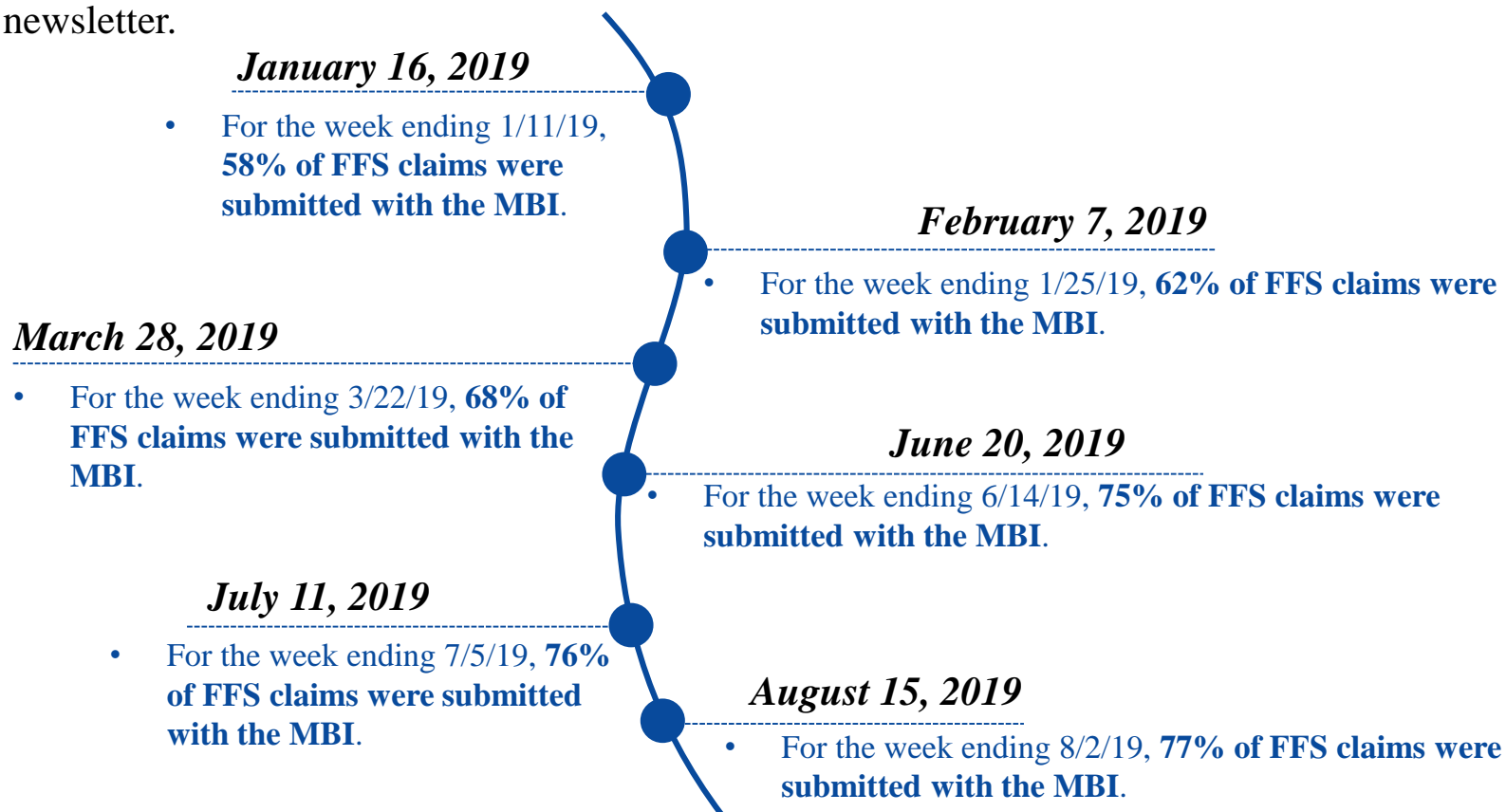
- Additional information can be found at: <https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers-and-office-managers.html> (providers can also reference the portal instructions sent in September 2017).

Using the New Medicare Number – Providers (2)

- When a provider checks a beneficiary's eligibility, the CMS HIPAA Eligibility Transaction System (HETS) returns a message on the response that says, "CMS mailed a Medicare card with a new Medicare Beneficiary Identifier (MBI) to this beneficiary. Medicare providers, please get the new MBI from your patient and save it in your system(s)."
- Through the end of the transition period, when a provider submits a **valid and active** HICN on Medicare fee-for-service claims, CMS will return **both the HICN and the MBI** on the remittance advice.
- Providers have resources when they talk to people with Medicare about the new Medicare cards: <https://www.cms.gov/Medicare/New-Medicare-Card/Outreach-and-Education/Products-to-share-with-beneficiaries.html>

Using the New Medicare Number – Providers (3)

- To encourage providers to use the MBI now, CMS is periodically announcing the current national rate of FFS claims submitted with MBIs through Medicare Learning Network (MLN) Connects.
- Providers and health care professionals can subscribe to MLN Connects on CMS.gov to get the weekly email newsletter.



*Since the last MLN Connects announcement, the FFS claims submission rate with the MBI has increased to **79%** for the week ending 8/23/19.

Using the New Medicare Number – Plans / Pharmacies

Plans

- All Medicare Advantage and Prescription Drug Plans received a HICN to MBI crosswalk file prior to the start of the transition period (April 1, 2018).
- The MARx User Interface (UI) is now showing both the HICN and the MBI during the transition, but only the MBI when the transition's over.
- Medicare Advantage and Prescription Drug (Part D) Plans may submit either the Health Insurance Claim Number (HICN) or the Medicare Beneficiary Identifier (MBI) both during and after the transition period for Prescription Drug Event (PDE) and Risk Adjustment Records (i.e., RAPS and Encounter Data).
- CMS has provided information regarding the systems changes via the Health Plan Management System (HPMS) memos that have been released for the systems impacted.
- For beneficiaries enrolled in Medicare Advantage Plans, they should use their new card to enroll in a Medicare Advantage or Prescription Drug Plan.
- All Medicare beneficiaries who are enrolled in a Medicare Advantage and/or a Prescription Drug Plan will still receive an insurance card from their Plan that they must continue to use when obtaining services while enrolled in the Plan.

E1 Transactions for Pharmacies

- Both the Part D and A/B E1 transactions will return the MBI.
- Pharmacies must submit the MBI after the end of the transition period.

Using the New Medicare Number – Other Stakeholders

Accountable Care Organizations (ACOs)

- ACOs get MBI information for their assigned Medicare beneficiary populations.
- CMS includes Both HICNs and MBIs in the Claims and Claims Line Feed Files (CCLFs) until December 2019.

Crossover Claims Processing

- During the transition period, CMS is processing and transmitting Medicare crossover claims using either (HICN) or (MBI).
- After the transition period, CMS will continue to transmit Medicare crossover claims with either the HICN or MBI based upon what identifier was included on the incoming claim. This will be a common occurrence for adjustment claims where the original claim contained a HICN.

Medicaid Agencies – Dual Eligible Medicare and Medicaid beneficiaries

- State Medicaid Agencies get both HICNs and MBIs in their system exchanges with CMS.
 - State Third Party Buy-In Dual Eligible beneficiaries will continue to use HICN now and post transition.

Using the New Medicare Number – Other Stakeholders (2)

Private Payers

- For non-Medicare business, private payers won't have to use the MBI.
- For Medicare, 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.

Third Party Group Payers

- Third Party Group (TPG) Payers systems accept either the MBI or the HICN throughout the transition period.
 - However, after the transition period—as of January 1, 2020, TPG Payers must use the MBI for any Medicare transactions where they would have used the HICN.

Railroad Retirement Board (RRB) Beneficiaries

- RRB mailed cards to their beneficiaries 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.
- We return a message on the HETS eligibility transaction response to alert the provider it's an RRB patient. The message says, "Railroad Retirement Medicare Beneficiary."
- Medicare Providers should have already programmed their systems to identify RRB beneficiaries so they know to send those claims to the Specialty Medicare Administrative Contractor (SMAC).

Final Thoughts

- Thank you for participating in this discussion today. There's more information about the New Medicare Card on our websites:
 - For stakeholder/operational information go to:
<https://www.cms.gov/newcard>
 - For beneficiary focused information go to:
<https://www.medicare.gov/forms-help-resources/your-medicare-card>
- For resources to 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