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New Medicare Card Transition Ask-the-Contractor (ACT) Teleconference



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March 28, 2019

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- Select “Phone” on “Audio” Pane to call in
 - All attendees are muted
- You may ask questions using the GoToWebinar “Question” Pane
- Handout found within the “Handout” pane in the GoToWebinar Control Panel
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Disclaimer

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This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

New Medicare Card and MBI Adoption: How Do You Compare?

Use Medicare Beneficiary Identifiers (MBIs) for all Medicare transactions – the transition period ends December 31, 2019.

For the week ending March 22, here is how you are using the MBI on claims:

National: 68%

Institutional: 68%

Professional: 69%

Durable Medical Equipment: 52%

<https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Downloads/2019-03-28-eNews.pdf>


Background

- **Health Insurance Claim Number (HICN)** is a Medicare beneficiary's identification number, used for processing claims and determining eligibility for services across multiple entities (for example, Social Security Administration (SSA), Railroad Retirement Board (RRB), States, Medicare providers, and health plans)
- Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 mandates removal of the Social Security Number (SSN)-based HICN from Medicare cards to address current risk of beneficiary medical identity theft
- Legislation required that CMS mail out new Medicare cards with a new **Medicare Number (also referred to as Medicare Beneficiary Identifier – (MBI))** by April 2019
- New Medicare numbers won't change Medicare benefits
- People with Medicare may start using their new Medicare cards as soon as they get them

MBI Transition

SE18006: New Medicare Beneficiary Identifier (MBI): Get it, Use It.....

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE18006.pdf>



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New Medicare Beneficiary Identifier (MBI) Get It, Use It

MLN Matters Number: SE18006	Related Change Request (CR) Number: N/A
Article Release Date: May 25, 2018	Effective Date: N/A
Related CR Transmittal Number: N/A	Implementation Date: N/A

PROVIDER TYPE AFFECTED

This Special Edition MLN Matters® Article is intended for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs), including Durable Medical Equipment MACs (DME MACs) and Home Health and Hospice MACs, for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

HICN vs MBI

- 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

OLD Medicare Card vs NEW Medicare Card

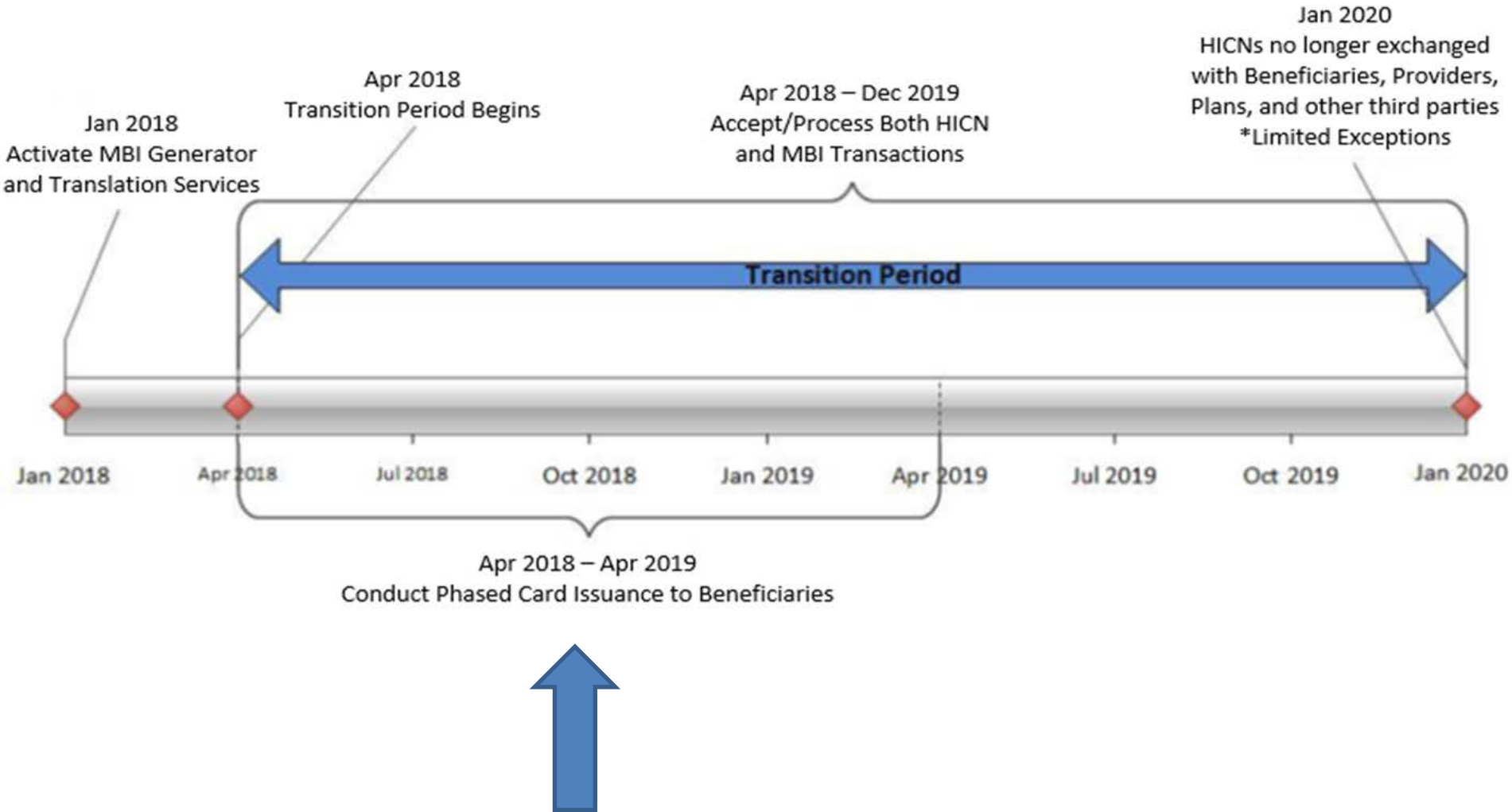


- Gender and signature line will not appear on new Medicare cards
- Once their card is mailed, people with Medicare may access their New Medicare Number on a Medicare Summary Notice or through <http://www.MyMedicare.gov>

Transition Period

- Transition period will run from **April 1, 2018 through December 31, 2019**
- CMS completed its system and process updates to accept and return the new Medicare Number as of April 1, 2018
- All stakeholders who submit or receive transactions containing the HICN should have modified their processes and systems to be ready to submit or exchange the new Medicare Number on April 1, 2018
 - Stakeholders may submit **either** the new Number or HICN **during the transition period**
- CMS will accept, use for processing, and return to stakeholders **either** the new Medicare Number 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



Which Medicare Identifier Should I Use During the Transition?

- CMS has made 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
- Since 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

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), Coordination of Benefits 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.)

Exceptions After the Transition Period

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

- **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 for dates of service 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.)

What Happens Next and Are We Ready?

Important Milestones & Reminders

New Medicare Card Number Implementation Milestones

2016-2017

2018-2020

- ✓ **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 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
- ✓ **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**
- ✓ **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

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New Medicare Card Mailing Waves

<https://www.cms.gov/Medicare/New-Medicare-Card/NMC-Mailing-Strategy.pdf>

Wave	States Included	Cards Mailing
Newly Eligible People with Medicare	All - Nationwide	April 2018 - ongoing
1	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	Beginning May 2018 COMPLETE
2	Alaska, American Samoa, California, Guam, Hawaii, Northern Mariana Islands, Oregon	Beginning May 2018 COMPLETE
3	Arkansas, Illinois, Indiana, Iowa, Kansas, Minnesota, Nebraska, North Dakota, Oklahoma, South Dakota, Wisconsin	Beginning June 2018 COMPLETE
4	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont	Beginning July 2018 COMPLETE
5	Alabama, Florida, Georgia, North Carolina, South Carolina	Beginning August 2018 COMPLETE
6	Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Texas, Utah, Washington, Wyoming	Beginning September 2018 COMPLETE
7	Kentucky, Louisiana, Michigan, Mississippi, Missouri, Ohio, Puerto Rico, Tennessee, Virgin Islands	Beginning October 2018 COMPLETE

What you need to do...

1. Subscribe to the weekly *MLN Connects* newsletter for updates and new information, <https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive.html>
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://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 you need to do...

3. Submit the new MBI Format:

- Work with your billing staff and/or vendors to ensure a smooth transition
- Encourage practices and health care facilities to visit the CMS website at <https://www.cms.gov/newcard>

4. Make sure you can access myCGS, our secure provider portal, to obtain a patient's MBI

- <https://www.cgsmedicare.com/hhh/mycgs/index.html>

Are my patients aware?

- CMS conducting intensive education and outreach to all people with Medicare, their families, caregivers, and advocates to help prepare for this change..
 - September 2017 - April 2019
- Information about new card is included in the *Medicare & You Handbook* that is mailed to all people with Medicare
- Once they receive their new cards, people with Medicare will be instructed to safely and securely destroy their **old Medicare cards** and keep the new Medicare number confidential

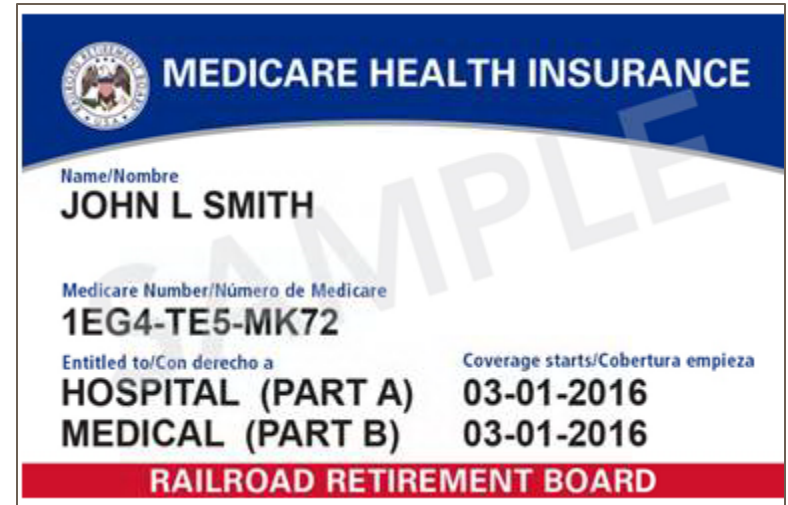
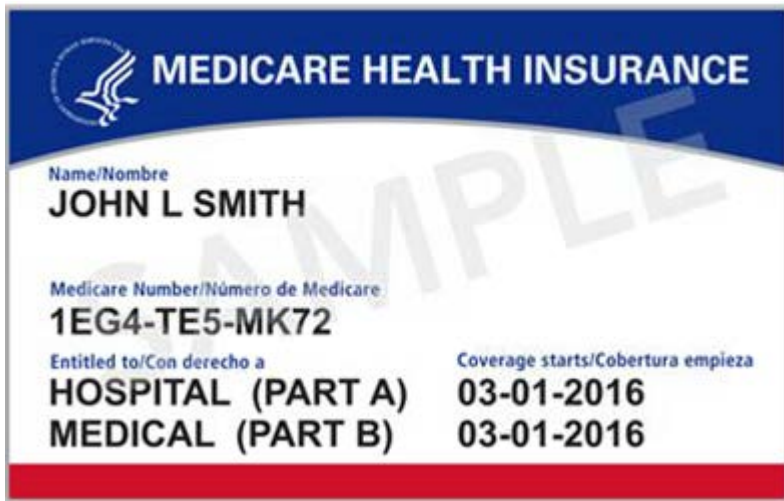


Map used with permission from the Centers for Medicare & Medicaid services. Up-to-date information may be found at <https://www.medicare.gov/newcard/>

New Medicare Cards

New CMS Medicare Card

New Railroad Retirement Board Card



Key Reminders

1. Systems & business processes should have been ready since April 2018
2. 21- month transition period from April 1, 2018 – December 31, 2019
3. 3 ways to get the new MBI:
 - Patient presents the card at time of service
 - Provider receives it through the remittance advice
 - Provider obtains it through the a secure web portal with the MAC (**myCGS for J15 providers**)
4. Providers have resources to use when talking to people with Medicare about new Medicare cards: <https://www.cms.gov/Medicare/New-Medicare-Card/Partners-and-Employers/Partners-and-employers.html>

Self- Service Options & the MBI

https://www.cgsmedicare.com/hhh/cs/cs_self_service.html

- When entering the MBI into the Interactive Voice Response (IVR) / Computer Telephony Integration (CTI), current technology requires a method to distinguish between alpha and numeric characters using the telephone keypad.
- Users will need to press 3 keys to enter an alpha character.
- To enter a letter, the user will first press the (*) key. Next, press the number on the keypad that contains the letter that needs to be entered. Lastly, press the number one, two or three, depending upon the position of the letter on that key. For example, to enter the letter A, users press (*) two then one (*21).

Using the CMS publication example of a MBI Number users will be required to enter 1*32*414*81*325*61*5273 using their telephone keypad.

MBI Converter Tools

https://www.cgsmedicare.com/medicare_dynamic/j15/ivr_mbi_converters.asp

Home » IVR and CTI Converter Tools

[Print](#) | [Bookmark](#) | [Email](#) | [Font Size: +](#) | [-](#)

IVR and CTI Converter Tools

The Interactive Voice Response (IVR) and Computer Telephone Integration (CTI) systems require entry of your patient's name and Medicare number during the beneficiary validation process. Use the following converter tools to convert letters to numbers for easy entry using your telephone keypad.

Medicare Beneficiary Identifier (MBI) Converter

The Interactive Voice Response (IVR) system requires you enter your patient's name and Medicare number during the beneficiary validation process. Use this tool to convert the patient's MBI to the corresponding numbers on your telephone key pad. Refer to the Centers for Medicare & Medicaid Services (CMS) website for information about the [new Medicare cards](#) [\[EXT.\]](#).

NOTE: This conversion tool does not validate the beneficiary's Medicare number or eligibility to Medicare. It only provides the information you need to enter using the telephone key pad when using the IVR and is based only on the information you enter. The IVR will validate the beneficiary information.

IVR Beneficiary Name to Number Converter

The Interactive Voice Response (IVR) system requires you enter your patient's name during the beneficiary name validation process. Use this tool to convert the patient's name to the corresponding numbers on your telephone key pad.

Type the beneficiary's **first initial of their first name** and the **first six letters of their last name** in the "Enter Name" field.

Enter Name:

Converted Number:

MBI Look-Up Tool

To submit an inquiry:

- Once logged into myCGS, click on the **MBI LOOKUP** tab located in the header of the portal.
- Complete the required fields: **Patient's last name, first name, date of birth, and social security number.** *NOTE: The social security number must be in the XXX-XX-XXXX format.*
- To meet our CAPTCHA requirements, you must select the **I'M NOT A ROBOT** checkbox.
- Click **SUBMIT INQUIRY.**

<https://www.cgsmedicare.com/hhh/pubs/news/2018/0518/cope7584.html>

MBI Look-Up Tool

my CGS

Home Claims Medical Review Remittance Eligibility **MBI Lookup** Financial Tools Messages Forms Support Admin My Account

User: Tammy Hart Provider: Preferred Hospice Southwest **Logout**

You have **68 unread** message(s) and **0 alerts**. **Help**

MBI Lookup

Starting in April 2018, to make it easier for health care providers and those working on their behalf to get Medicare patients' MBIs when they don't or can't give them, providers can use a MAC's secure portal to look up MBIs. To find MBIs through the portal, providers must key the Medicare patient's first name, last name, date of birth, and SSN.

Beneficiary Information

Last Name:* First Name:*

Suffix: Date of Birth:* X

SSN:*

I'm not a robot

Submit Inquiry **New Inquiry**

Known MBI Issue

https://www.cgsmedicare.com/hhh/claims/fiss_claims_processing_issues.html

Date Reported	Description of Issue			
02.05.2019	Some hospice adjustments continue to process with incorrect two tier (high/low) payment rates for Routine Home Care services.			
01.31.2019	In some situations where providers are submitting claims under the Medicare Beneficiary Identifier (MBI), the claim processes under the beneficiary's Health Insurance Claim Number (HICN). This seems to occur when the Common Working File (CWF) shows that a new HICN is assigned to the beneficiary. New and subsequent claims are processing under the new HICN; when the prior claim information is under the old HICN and is not cross referencing to the new HICN. This is causing claims to go to the return to provider (RTP) file with reason code 38107 (matching home health RAP cannot be found) and 37402 (hospice sequential billing).			
Status	Provider Type Impacted	Reason Codes	Claim Coding Impact	Date Resolved
Open	Home Health and Hospice	38107 and 37402	HICN and MBI	
Updates	<p>03.15.2019 – No additional update at this time.</p> <p>03.01.2019 – No additional update at this time.</p> <p>02.14.2019 – No additional update at this time.</p> <p>01.31.2019 – This issue has been reported to the system maintainers.</p>			
MAC Action	01.13.2019 – No action at this time.			
Provider Action	01.13.2019 – No action at this time.			
Proposed Resolution				

Resources

CGS HH&H Website: myCGS Portal

<http://www.cgsmedicare.com/hhh/myCGS/index.html>

The screenshot shows the myCGS Portal website. At the top, there is a navigation bar with links for Medicare Home, JB DME, JC DME, J15 Part A, J15 Part B, and J15 HHH. Below the navigation bar, the breadcrumb trail reads: Home » Home Health & Hospice » myCGS Portal » myCGS. On the right side, there are links for Print, Bookmark, Email, and Font Size (+/-). A callout box on the left highlights the 'myCGS Portal - New Feature Added!' section, which includes links for myCGS Login, FAQs, User Manual, Help Desk Information/Contact, and myCGS Password Help (PDF). A central callout box points to the myCGS logo and contains the text: 'myCGS: Login, FAQs, User Manual, Help Desk'. Below the logo, there is a section titled 'Log In or Register for myCGS!' and 'The Jurisdiction 15 Web Portal'. The text explains that myCGS is a web-based application for health care providers and staff in Jurisdiction 15, available 24/7 and free of charge. It lists various functions like beneficiary eligibility, claim and payment information, and forms for redetermination requests and Medical Review Additional Development Requests (ADR). It also states that providers must have an EDI agreement on file with CGS and refers to the 'J15 EDI Enrollment (Agreement) Form & Instructions (PDF)' document for assistance. A yellow callout box notes that MyCGS does not currently support simultaneous use of the portal on multiple browser tabs, with a link to 'Learn more here.' Below this, there is a 'Resources' section with the text: 'Once user access is established, providers are encouraged to utilize the following learning resources:' followed by a bullet point for 'myCGS User Manual'. A left-hand navigation menu lists various services such as Appeals/Redeterminations, Claims, CMS MLN Connects®, Customer Service, EDI, Education & Resources, Financial/Audit & Reimbursement, Forms, LCDs/Coverage, Medical Review, News & Publications, Provider Enrollment, and Self-Service Options.

What Can myCGS Do For My Agency?

- Use myCGS to do all of this & more...
 - Submit Quarterly Credit Balance Reports
 - Respond to Medical Review (MR) Additional Documentation Requests (ADRs)
 - Submit Requests for Redeterminations (including attachments)
 - Request Comparative Billing Reports (CBR), https://www.cgsmedicare.com/hhh/education/materials/pdf/mycgs_comparative_billing_reports_hhh.pdf
 - MBI lookup tool *NOW AVAILABLE
 - MR Dashboard for ADR review & response
 - Enhanced Claims Tab

What Can myCGS Do For My Agency?

- View & Print Copies of Remittance Advices
- Check Patient Eligibility 24/7
- Request an “immediate offset” of a demanded overpayment (eOffset)
- View Number of Claims Approved for Payment & Approved Amounts
- Submit general inquiries via myCGS
- Register TODAY, <http://www.cgsmedicare.com/mycgs/index.html>

myCGS Assistance

- myCGS Frequently Asked Questions (FAQs),
<http://www.cgsmedicare.com/hhh/myCGS/FAQs.html>
- myCGS Help Desk,
 - Supported by CGS Electronic Data Interchange (EDI) staff
 - 1.877.299.4500 (Option 2)

CGS HH&H Web Page

<https://www.cgsmedicare.com/hhh/index.html>

The screenshot shows the CGS HH&H web page interface. At the top, there is a navigation bar with links for Medicare Home, JB DME, JC DME, J15 Part A, J15 Part B, and J15 HHH. Below this is a large banner for 'COMING IN 2018' with the headline 'New Medicare cards with new numbers. ARE YOU READY?' and a '#NewCardNewNumber' hashtag. A red button labeled '>>Learn More' is positioned below the banner. To the left is a vertical navigation menu with categories such as myCGS Portal, Appeals/Redeterminations, Claims, CMS MLN Connects®, Customer Service, EDI, Education & Resources, Financial/Audit & Reimbursement, Forms, LCDs/Coverage, Medical Review, News & Publications, Provider Enrollment, and Self-Service Options. A callout box labeled 'Navigation Menu' points to this menu. The main content area features a 'myCGS' logo with a 'New Feature Just Added!' badge and the text 'What can myCGS do for you?'. Below this is a list of services provided by myCGS, including beneficiary eligibility information, checking claims status, and submitting annual cost reports. A second callout box labeled 'Click "+" for Quick Links' points to a 'QUICK LINKS' section on the right side of the page, which lists various resources like 'Claims Processing Issues Log', 'Contact Us', and 'MSI Action Plan'. Another callout box labeled 'Links to Hot Topics' points to a 'HOT TOPICS' section, which includes 'Computer Telephony Integration (CTI)', 'Submitting Medicare Secondary Payer (MSP) Claims and Adjustments', and 'Provider Enrollment Revalidation'. At the bottom right, there is a 'NEW' arrow pointing to a 'TAKE SURVEY FORESEE' button, and a 'POE CALENDAR OF EVENTS' widget.

Click "+" for Quick Links

Links to Hot Topics

Navigation Menu

NEW

POE CALENDAR OF EVENTS

YOUR OPINION MATTERS. WE WANT TO HEAR FROM YOU!

TAKE SURVEY FORESEE

CGS HH&H Website: Education & Resources


<https://www.cgsmedicare.com/hhh/education/index.html>

Medicare Home JB DME JC DME J15 Part A J15 Part B J15 HHH

Home » Home Health & Hospice » Education & Events » Education & Resources

Print | Bookmark | Email | Font Size: + | -

Education & Resources



myCGS Portal
Appeals/Redeterminations
Claims
CMS MLN Connects®
Customer Service
EDI
Education & Resources
Advisory Group
Calendar of Events
CMS Video Resources
Educational Resources
Frequently Asked Questions
New Providers
Financial/Audit & Reimbursement
Forms
LCDs/Coverage
Medical Review
News & Publications
Provider Enrollment
Self-Service Options

Educational Resources

News and Publications

Calendar of Events


New Providers

Frequently Asked Questions

Advisory Group

Self-Service Options

HHH Recorded Webinars



Updated: 02.09.18

CGS HH&H Website: News & Publications

<https://www.cgsmedicare.com/hhh/pubs/index.html>

Medicare Home JB DME JC DME J15 Part A J15 Part B J15 HHH

Home » Home Health & Hospice » News & Publications » Home Health & Hospice News & Publications

Print | Bookmark | Email | Font Size: + | -

Home Health & Hospice News & Publications

NEWS

Keep up to date on the most recent news by selecting "Join/Update ListServ" to receive electronic mailings from CGS, or update your contact information or preferences.

- Recent News
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PUBLICATIONS

- CGS Home Health & Hospice Medicare Bulletin
- EDI Connection
- CMS MLN Connects Provider eNews [EXT](#)

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Updated: 03.28.17

News & Publications: Recent News (ListServs), CGS Bulletin, EDI Connection, Join ListServ

EVALUATE OUR SERVICES!

The **MAC Satisfaction Indicator (MSI)** is the best way to share your opinions directly with CMS about your experience with us. This survey should only take about 10 minutes to complete. It helps us understand how we can better serve YOU!



<https://www.cgsmedicare.com/J15MSI>

Pre-Submitted Questions

- Is there a website to go to look up numbers for existing patients?
 - Yes, via the MBI Look-Up Tool in myCGS
- If we wanted to update our files with the MBI while we have the Medicare HICN, are we able to access through the CMS web portal?
 - Yes, via the MBI Look-Up Tool in myCGS
-

Questions?

CGS Provider Contact Center: 1.877.299.4500

Option 1: Customer Service

Option 2: Electronic Data Interchange (EDI)

Option 3: Provider Enrollment

Option 4: Overpayment Recovery (OPR)

Twitter: <http://www.twitter.com/hhhcgs> | Facebook: <http://www.facebook.com/hhhcgs>