The New Medicare Card Project
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.
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 requires that CMS mail new Medicare cards with a new Medicare Number (the **Medicare Beneficiary Identifier (MBI)**) by April 2019
Goals

- **Primary Operational Goal:** 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 Changes

- Along with our partners, CMS will address complex systems changes for over 75 systems, conduct extensive outreach and education activities and analyze the many changes that will be needed to systems and business processes.

- Affected stakeholders include:
  - Federal partners, States, People with Medicare, 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.
3 Steps to New Medicare Numbers

1. Generate new, unique Medicare Numbers for all people with Medicare:
   Includes existing (currently active, deceased, or archived) and people new to Medicare

2. Issue new, redesigned Medicare cards: New cards containing the new MBI to existing and new Medicare enrollees

3. Modify systems and business processes: Required updates to accommodate receipt, transmission, display, and processing of the new 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 vs MBI

**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

<table>
<thead>
<tr>
<th>Key</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSA HICN</td>
<td>123-45-6789-A1</td>
</tr>
<tr>
<td>MBI</td>
<td>1EG4-TE5-MK73</td>
</tr>
</tbody>
</table>

*Note: Identifiers are fictitious and dashes for display purposes only; they are not stored in the database nor used in file formats.*
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 **April 1, 2018 through December 31, 2019**
- CMS will complete its system and process updates to be ready to accept and return the new Medicare Number 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 new 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 new MBI or HICN, whichever is submitted on the claim, during the transition period
- CMS will actively monitor use of HICN and MBIs during the transition period to ensure that everyone is ready to use MBIs only by **January 1, 2020**
Transition Period (continued)

- 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 person with Medicare a 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).

- During the transition period, we will process all claims with either the HICN or MBI, even when both are in the same batch.
Transition Period (continued)

- **Medicaid and Supplemental Insurers**
  - CMS 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 will process and transmit Medicare crossover claims with either the HICN or MBI.

- **Private Payers**
  - For non-Medicare business, private payers will not have to use the MBI. We will 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, we are working to develop capabilities where providers will be able to access an MBI through a secure look up tool at the point of service.

    In instances in which a person with Medicare 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 the MBI securely without disrupting workflow (e.g., myCGS).
Transition Period (continued)

Railroad Retirement Board (RRB)

- The RRB will continue to send cards with the RRB logo, but you cannot tell looking at the MBI if people with Medicare are eligible for Medicare because they are railroad retirees
- Medicare Providers must program their systems to identify RRB patients so they know to send those claims to the Specialty Medicare Administrative Contractor (SMAC)
- Beginning in April 2018, we will 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
MBI Generation and Transition Period

Jan 2018
Activate MBI Generator and Translation Services

Apr 2018
Transition Period Begins

Apr 2018 – Dec 2019
Accept/Process Both HICN and MBI Transactions

Jan 2020
HICNs no longer exchanged with Beneficiaries, Providers, Plans, and other third parties
*Limited Exceptions

Apr 2018 – Apr 2019
Conduct Phased Card Issuance to Beneficiaries
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 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
• 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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Providers Need to Prepare

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](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 [http://ssa.gov/myaccount](http://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
Providers Need to Prepare  (continued)

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 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
   • You’ll be able to look up your Medicare patient’s new MBI through myCGS starting in June 2018 https://www.cgsmedicare.com/partb/mycgs/index.htm
Beneficiary Education

- CMS will conduct intensive education and outreach to all people with Medicare, 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 people with Medicare in September 2017.

- 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.

- CMS is also working to develop a secure way for people with Medicare to be able to access their new Medicare number when needed.
Beneficiary Education (continued)

- Help educate your patients:
  - For the most updated information on the New Medicare Card please go to https://www.cms.gov/newcard
  - Understand that mailing everyone a new card will take some time
    - Remind patients their card might arrive at a different time than their friend’s or neighbor’s card
  - Make sure their mailing address is up to date
    - Contact Social Security at http://ssa.gov/myaccount or 1.800.772.1213
  - Ask them to beware of anyone who contacts them about their new Medicare card
    - CMS / CGS will never for personal or private information to get the new Medicare number and card
Beneficiary Education (continued)

Resources available at https://www.cms.gov/newcard to print and order

A flyer you can hand out

A Poster for Providers’ Offices

Tear-offs for Patients

Conference Cards for Beneficiaries
Timeline for Outreach

2017
- Unveil new Medicare card
- Medicare & You Handbook mailed with information about new Medicare card
- Post additional Medicare.gov web content for people with Medicare

March 2016

June 2017
- CMS announces look up options for providers and people with Medicare
- Basic information about new Medicare cards added to Medicare.gov

November 2017
- Education materials about the new card available for providers to order

January 2018
- Begin robust education & outreach for people with Medicare

June 2018
- Launch provider MBI look-up tool

October 2018
- Return MBI on Remittance Advice

Before April 1, 2018
Update your business and system processes to be able to accept the MBI by April 1, 2018. If you use vendors, work with them to update their practice management systems.

2018
- Begin mailing new Medicare cards to people with Medicare
- All systems & processes able to accept MBI
- Transition Period Starts: Can use either the HICN or MBI for data exchanges
- Begin returning messages in HETS responses to show when new Medicare cards have been mailed to a specific patient and when a patient qualifies for Medicare through the RSB

April 2018

2019
- Statutory deadline for issuing new Medicare cards

April 16, 2019

2020
- Transition Period Ends: Must use the MBI on data exchanges (some exceptions)
A Few Words About Fraud…

- No surprise—CMS anticipates there will be “bad actors” who try to take advantage of this change and have monitored limited reports already

- Existing basic messages around fraud prevention and detection still apply
  - Medicare will **never** contact people with Medicare for their Medicare number or other personal information.
  - People with Medicare should not share their Medicare number or other personal information with anyone who contacts them by phone, email, or by approaching them in person, unless they have given permission in advance.

- Usual processes still apply for raising concerns and reports of potential fraud

- “Guard Your Card” ad campaign at end of summer introduced that new Medicare cards are coming and tie to protecting a person’s information
Stay Connected!

- Find more technical information, detailed updates, training opportunities, and materials to share on the Web: [https://www.cms.gov/newcard](https://www.cms.gov/newcard)

- Comments and questions are always welcome! Send to: [SSNRemoval@cms.hhs.gov](mailto:SSNRemoval@cms.hhs.gov)
Resources
CGS Part B Website: myCGS Portal

The Jurisdiction 15 Web Portal

myCGS is a web-based application developed specifically to serve the needs of health care providers and their staff in Jurisdiction 15. Access to myCGS is available 24/7, and is free of charge to all CMS providers. myCGS offers a variety of functions, such as, access to beneficiary eligibility, claim and payment information, forms allowing you to submit redetermination requests, and respond to Medical Review Additional Documentation Requests (ADR), and much more. Refer to the myCGS User Manual Web page for more details.

To use myCGS, providers must have an Electronic Data Interchange (EDI) agreement on file with CMS. If you do not have an EDI agreement with CMS, refer to the J15 EDI Enrollment (Agreement) Form & Instructions [PDF] document for assistance. In addition, to ensure you are able to utilize this free self-service option, please refer to the myCGS System Requirements.

MyCGS does not currently support simultaneous use of the portal on multiple browser tabs. Learn more here.

Resources

Once user access is established, the following learning resources are available:

- myCGS User Manual - how to access myCGS and detailed information about the different myCGS functions.
- Frequently Asked Questions
- myCGS Help Desk and Contact Information
- myCGS Password Quick Reference Guide

A summary of some of the myCGS functions you may be interested in as a myCGS user:

- Eligibility [PDF]
- Forms [PDF]
- Remittance [PDF]
- eClaims [PDF]

Helpful articles and job aids to assist myCGS Part B users:

- Assigning Multiple Provider Admins
What Can myCGS Do For YOU?

- Use myCGS to do all of this & more…
  - Submit Part B Claims
    - Including Medicare Secondary Payer (MSP) Claims!
  - Respond to Medical Review (MR) Additional Documentation Requests (ADRs)
  - Submit requests for Redeterminations (including attachments)
  - Submit requests for Reopening (including attachments)
  - View and 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
  - Opt IN for Green Mail! https://www.cgsmedicare.com/articles/cope5235.html
myCGS Assistance

- myCGS Frequently Asked Questions (FAQs),
  https://www.cgsmedicare.com/partb/faqs/mycgs_faqs.html

- myCGS Help Desk,
  - Supported by CGS Electronic Data Interchange (EDI) staff
  - 1.866.276.9558 (Option 2)
Updated: CGS Part B Website: Education & Events

https://www.cgsmedicare.com/partb/education/index.html
Reminder: Join the ListServs

- Sign up for CMS ListServ

- CGS Listserv
Questions?

CGS Provider Contact Center: 1.866.276.9558

- Option 1: Claims
- Option 2: Electronic Data Interchange (EDI)
- Option 3: Provider Enrollment
- Option 4: Telephone Reopening (TRO)
- Option 5: Overpayment Recovery (OPR)
- Option 9: General Inquiries

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