Ask-the-Contractor Teleconferences (ACT)

Angie Cooper was moderator in Collaboration with CGS and Noridian POE Representatives.

Introduction

Good afternoon and welcome to the MBI Ask the Contractor Teleconference. CGS and Noridian have teamed up to provide you the opportunity to ask questions about the use of the Medicare Beneficiary Identifier (MBI). This call is hosted by the DME Provider Outreach and Education teams for all four jurisdictions. For this particular Ask the Contractor Teleconference, you are welcome to ask questions related to using the MBI for inquiries and transactions with the DME MACs. The focus of the call is to ensure that everyone is aware that the MBI must be used in place of the Health Insurance Claim Number, also known as the HICN, when writing or calling Medicare, in addition to any self-service options and electronic transactions, starting January 1, 2020.

As a reminder, every person with Medicare has been assigned a Medicare Beneficiary Identifier (MBI) and issued a new Medicare card. The MBI is confidential and should be protected as Personally Identifiable Information (PHI). It looks very different from the social security number-based HICN. The MBI is randomly generated, and it does not contain any special characters. It is 11-characters in length, and the characters have no special meaning. All Medicare beneficiaries should have received their new card by now. Medicare beneficiaries who are new to Medicare were never issued a HICN. CMS stopped issuing HICNs in 2018. If the beneficiary doesn’t have their new card, there are several ways to look it up. There is an MBI Lookup Tool within the DME MAC online portals, or you can look at the Medicare Remittance Advice for claims that were filed with a valid HICN after October 1, 2018. There is also an option for the beneficiary to look up their MBI through their https://www.mymedicare.gov account or they can call 1.800.Medicare. The transition period for accepting the HICN ends on December 31, 2019. A majority of suppliers are already using the MBI, but the DME MACs are still receiving a high volume of correspondence and claims using HICNs. If you have not already done so, you should immediately update your processes to use the MBI going forward. The MBI should be used in place of the HICN, and it should be used in the same way you used the HICN in the past. All HICN-based claims must be received before January 1, 2020, or they will be rejected. The cut off at CEDI (Common Electronic Data Interchange) for electronic claims is 5:00 PM Eastern, December 31, 2019. Any claims received after that time will be counted as received on January 2, 2020.

Effective January 1, 2020, the MBI will be required for all transactions submitted to Medicare. Not only is it required for claim submission for all dates of service, but it is also going to be required for Reopening requests for all dates of service, prior authorization requests, Advance Determination of Medicare Coverage (ADMC) requests, general inquiries, written correspondence and beneficiary information inquiries. This list was not all inclusive, but keep in mind that the MBI should be used for all of your interactions with Medicare.

For beneficiary information inquiries and transactions, this will include written inquiries or self-service options for beneficiary eligibility, deductibles, Medicare Advantage Plan enrollment, Home Health enrollment, Medicare as a Secondary Payer information, skilled nursing facility (SNF) or hospital inpatient stays, hospice information, certificate of medical necessity (CMN) status, diabetic supplies and diabetic shoes information, competitive bidding area (CBA) information and claims history search for same or similar items.

There is no need to worry about the information transferring from the HICN to the MBI, all of the beneficiary’s information and claim data will be available under their current MBI. This also applies if their MBI changes. All data history is connected, and using the current MBI should always retrieve full history when checking for same or similar equipment, inpatient or skilled facility stays, etc.

We encourage you to use the MBI for all workloads. However, there are a few exceptions when the HICN can be utilized after January 1, 2020, if the MBI is unavailable:

- If you need to appeal a claim, the MBI should be utilized if available, but you are allowed to use HICNs for claim appeals and related forms if the MBI is unavailable. At the DME MAC level, these will be Redetermination requests.
- For claim status queries, you should use the MBI if available, but you are allowed to use the HICN to check the status of a claim if the earliest FROM date of service on the claim is before January 1, 2020. This applies to 276 transactions, the IVR or portal. When checking the status of a claim where all dates of service are on or after January 1, 2020, the MBI must be utilized.

It is very important to update your systems to use the MBI going forward. Written correspondence, whether it is sent through the mail, faxed, DME MAC Web portal, esMD, encrypted CD, or any other valid electronic format, will be rejected if the HICN is used. If you call the DME MAC Provider Contact Center, the MBI will be needed. The MBI should be used in place of the HICN, and it should be used in the same way you used the HICN in the past.

We do have a slide to demonstrate where you can find all of the resources for using the MBI on the DME MAC and CMS Web sites. We will include these links in the transcript.

CGS and Noridian websites:
- JA: https://med.noridianmedicare.com/web/jadme
- JB: https://www.cgsmedicare.com/jb/claims/sub/mbi.html
- JC: https://www.cgsmedicare.com/jc/claims/sub/mbi.html
- JD: https://med.noridianmedicare.com/web/jdme

Register for webinars on use of MBI:
- JA: https://med.noridianmedicare.com/web/jadme/education/training-events
- JB: https://www.cgsmedicare.com/jb/education/webinars.html

For more information, please check out the CGS and Noridian websites.
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- JC: [https://www.cgsmedicare.com/jc/education/webinars.html](https://www.cgsmedicare.com/jc/education/webinars.html)
- JD: [https://med.noridianmedicare.com/web/jddme/education/training-events](https://med.noridianmedicare.com/web/jddme/education/training-events)

We have reached the question portion of the call. As a reminder, to raise your hand, simply click on the icon of the hand. I will announce you and unmute your individual line so that you can ask a question. Also keep in mind that no specific claim information or Medicare beneficiary’s private health information (PHI) should be verbalized. If you have a question, click the hand icon. If you see a green arrow on the hand, it means your hand is not raised. If you see a red arrow, then your hand is already raised. Remember to key the audio pin into your telephone keypad if you have not already done so.

If you are not able to ask a verbal question, you may type your question in the question box, and we will read it to the audience and provide a verbal answer.

**Key:**
- Name: CGS representative
- Name: Noridian representative
- Name: Teleconference participant/caller

**Angie:** Jerri has a question. The line is unmuted. Go ahead, please.

**Jerri:** We have seen where, evidently there were some MBI numbers that were compromised and new cards are being issued. We have some eligibility issues come back indicating the card is not valid or the patient’s name and number do not match. Do you know how long it will take the beneficiaries to get these new cards?

**Angie:** I have not heard how long it’s taking the new cards to be issued when the number has been compromised. Trina with Noridian is also on the call today. Trina, do you have any information about a timeframe for issuing specific cards?

**Trina:** Hello, this is Trina. We do not have a specific timeframe on when the new cards will be issued, either.

**UPDATE:** The Social Security Administration website ([https://faq.ssa.gov/en-us/Topic/article/KA-01735](https://faq.ssa.gov/en-us/Topic/article/KA-01735)) indicates 30 days for the new card to arrive in the mail.

**Jerri:** I know we can look it up if we have the Social and the date of birth on myCGS. For some of these, we don’t have that and the patient still has their old card. We are trying to figure out how to work it out if it doesn’t get updated in the next 10 days, or when the next rental month is.

**Angie:** The beneficiary can look up their number on their [www.mymedicare.gov](https://www.mymedicare.gov) account.

**Jerri:** And that information is on the [medicare.gov](https://medicare.gov) site, if we need to help them figure out where it’s located?

**Angie:** Yes.

**Jerri:** We have had quite a few of our patients affected. Do you know how many might have been compromised?

**Angie:** We don’t have a number as this is all handled through the Social Security office and CMS.

**Jerri:** All right, thank you.

**Angie:** You are welcome. Michael, do you want to bring in the next call?

**Michael:** The next question is from Wanda. That line is unmuted, go ahead, Wanda.

**Wanda:** Hi. I have a question. When the MBI is changed to another MBI, will you be creating a tool where we can search for a new MBI by the old MBI rather than the HICN number?

**Angie:** Currently, CMS does not allow us to return an MBI except through the MBI Lookup Tool that requires the Social Security number, the beneficiary’s name, and date of birth.

**Wanda:** Okay, so going forward when we have to request the MBI and that’s all we have in our system, and we get a denial code stating the MBI is not valid, there is no way other than calling the patient to get the new MBI.

**Angie:** If you have access to the portal and you do not have their Social Security number, you will need to contact the beneficiary to obtain their number.

**Wanda:** We do have access to the portal and their HICN...

**Angie:** The Health Insurance Claim Number may be different. You can look it up with the beneficiary’s Social Security number.

**Wanda:** Thank you.

**Angie:** You are welcome.

**Michael:** I don’t show any other hands raised. If you have a question, go ahead and raise your hand, please. The next question comes from Jennifer. That line is open, go ahead, please.

**Jennifer:** Hey, Michael and Angie. I was just wondering why when changing from the HICN to the MBI, you used to give us the new number, why are you not giving us the new MBI now?

**Angie:** CMS doesn’t allow us to return the MBI except on the remittance advice for current claims filed with a valid HICN, or through the MBI Lookup Tool in the online portal. CMS has given very specific instructions that the new MBI cannot be returned except for those options I just mentioned. You may want to update your processes to make sure you get the Social Security number from the beneficiary and make sure you are enrolled in the Web portal so you can use the MBI Lookup Tool – that will provide you the most current MBI.

**Michael:** Thank you. The next question comes from Lucy. Go ahead, Lucy.

**Lucy:** Thank you, Jennifer. The next question is from Lucy. Go ahead, Lucy.

**Lucy:** I want to know how secure these MBIs are because we never had a problem when it was their Social and we have already had three patients tell us they have had identity theft and they have to change their MBIs and they don’t have their information yet. How quick is it going to be update on the CGS site to tell us the correct MBI number?

**Angie:** The MBI Lookup Tool provides the most current MBI, and the beneficiary can look up their new number on their [https://www.mymedicare.gov](https://www.mymedicare.gov) account or call 1.800.Medicare.

**Lucy:** We will have an MBI number and they will have a card with that same number on it, but they will call us and tell us they have had an identity theft and you can’t use the one you have. How quickly will you update your site with the new one?

**Angie:** We get the information from CMS. We will have the information as soon as CMS provides it to us.

**Lucy:** Okay, but there is no timeframe we can tell people on how quickly we can get their claims back out? When it happens,
it will say that it’s an invalid MBI number, but we don’t have the
new one.

Angie: Does the beneficiary have the new one? If not, I am not
sure how to handle it since we have what CMS provides to us. Is
there anyone else on the line with different information?

Cindy: Hi, Angie. This is Cindy with Noridian. Angie is absolutely
correct. I don’t think there has been a published timeframe for
when a new card is issued if there has been a compromised
MBI. I would expect at least a couple of weeks since there must
be notification, the new card issued and then mailed. I can’t
imagine it would happen any quicker than that.

Lucy: So my best bet would be to keep checking the site.

Cindy: Or make sure the beneficiary knows that as soon as they
receive the new card, they need to notify you.

Lucy: Okay.

Michael: Anything else, Lucy?

Lucy: No, that will be it.

UPDATE:

Claim Submission when the MBI Changes:
Using the old or new MBIs in relation to claim submissions:
- Dates of service before the MBI change date – use the old or
  new MBI
- Span-date claims with a “From Date” before the MBI change
  date – use the old or new MBI
- Dates of service that are entirely on or after the effective date
  of the MBI change – use the new MBI

Michael: Thank you, ma’am. I don’t see any hands raised at the
moment, but we do have a few questions that were typed in by
our attendees. The first one is from Melody: “If we happen to bill
a patient without the MBI and it gets denied what will the denial
code for this issue be?”

Cindy: The first thing that needs to be communicated is that
if you bill without an MBI after December 31, 2019, it will be
rejected on the front end. There will be no denial – it will be a
rejection. You need to work your rejection report since billing
was done without an MBI.

UPDATE:

- Electronic claims received after 5:00 PM ET on December
  31, 2019 will reject with the following codes: Claims Status
  Category Code of A7 (acknowledgment rejected for invalid
  information), a Claims Status Code of 164 (entity’s contract/
  member number), and an Entity Code of IL (subscriber)
- Paper claim rejections: Claim Adjustment Reason
  Code (CARC) 16 “Claim/service lacks information or
  has submission/billing error(s) and Remittance Advice
  Remark Code (RARC) N382 “Missing/incomplete/invalid
  patient identifier”

Michael: Thank you, Cindy. The next question comes from
Bethan. “If we do not have the new MBI number, we will need to
appeal with the HICN number, is that correct? Won’t this result in
more Redeterminations appeals?”

Trina: This is Trina from Noridian. If you have submitted your
claim with the HICN and it was processed, you can use the
HICN for your appeal. Or, you can use the MBI number. It is
preferred that you use the MBI number if it is available. If don’t
have the MBI – maybe you are no longer doing business with the
beneficiary and are just cleaning up some denied claims on your
books, you can use the HICN on your Redetermination.

Michael: This is Cindy. To add to that, in conjunction with
the previous question, it should not result in additional
Redeterminations or appeals. If you don’t submit the claim
after January 1, 2020, with the MBI, it won’t be denied; it will
be rejected. As Trina indicated, those previous dates of service
claims can utilize the HICN number.

Michael: Thank you, ladies. The next written question comes
from Jessica: “Question on the compromised MBI’s. Since
we don’t know the exact number of beneficiaries, do we know
approximately what states were involved in this? I am asking
from a precursor and preparation standpoint.”

Angie: We don’t have the exact number of beneficiaries or
locations involved. Check the MBI Lookup Tools if you suspect
the beneficiary’s MBI may have been involved.

Michael: Another hand is raised. Jennifer, that line is open. Go
ahead with the question, please.

Michael M: Hey, Mike, this is Michael M. We have gotten denials
on some of the MBIs indicating they aren’t active, even though
they were previously active. I just want to make sure that I
understand correctly. When we call Customer Service to ask
about the denial, they are telling us the Medicare beneficiary
should call in when they receive their card in the mail and state
they have actually received it. If they do not call, Medicare will
automatically deactivate it and issue them a new one. Are we
supposed to be telling these Medicare beneficiaries to call when
they receive their card? We have been told this by multiple
Customer Service people.

Michael: Do you mean that Customer Service staff are telling
you to have the beneficiary call our Provider Contact Center?

Michael M: Correct.

Michael: That doesn’t seem accurate as our Provider
Contact Centers are for the supplier community, not the
beneficiary community.

Angie: The beneficiary should call 1.800.Medicare if they need
to report something with their number. If they get a new number,
they should call their healthcare providers to inform them of the
new number. The beneficiary should not call the DME MACs.

Michael M: They are calling 1.800.Medicare, and we have, too.
We have received some denials on active rentals that were
billing with an active MBI number. But, that active MBI number
somehow got deactivated. They are telling us that we need to tell
our beneficiaries to call when they receive their card in the mail
and say they received it. If they do not, they will deactivate that
number and issue a new one. We have one patient that is on her
fourth card and she has no clue which one is the one she needs
to use.

Cindy: This is Cindy at Noridian. I agree with Angie; 1.800.
Medicare is the best place for the beneficiary to go as there is
nothing the DME MACs can do about this situation. There is
nothing on the initial card they receive that discusses activation.
So for those beneficiaries who are receiving multiple cards, the
only place to help them is 1.800.Medicare.

Michael: Anything else from Michael M or Jennifer?

Michael M: We will just tell them to call and let them know they
have received it.
**UPDATE:** CMS does NOT require a beneficiary to “activate” a new MBI. The beneficiary should make sure the correct address is on file. If they do not receive their new Medicare card after 30 days, there may be something that needs to be corrected, like the mailing address.

**Michael:** Thank you. I don’t see any other hands raised and I don’t see any additional questions typed in the GoToWebinar dashboard. We will give you one more opportunity to type in a question or raise your hand. Angie, I will turn it back over to you as I don’t see anything pending at this time.

**Angie:** We want to thank everyone for your attendance today. We will publish a transcript of this call on all four of the DME MAC websites. Goodbye.