Centers for Medicare & Medicaid Services
Special Open Door Forum:
Social Security Number Removal Initiative (SSNRI) Impacts Upon Medicare Secondary Payer
(MSP) Stakeholders
Tuesday, January 17, 2017
3:00pm - 4:00pm Eastern Time
Conference Call Only (No Webinar)
Moderator: Jill Darling

Operator: Good afternoon. My name is (Heidi) and I will be your conference facilitator today.

At this time, I would like to welcome everyone to the Centers for Medicare & Medicaid Services Special Open Door Forum, SSNRI Impacts Upon CMS and MSP Stakeholders.

All lines have been placed on mute to prevent any background noise. After the speaker's remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your questions, press the pound key.

Thank you. Jill Darling, you may begin your conference.

Jill Darling: Thank you, (Heidi). Good morning and good afternoon, everyone. I'm Jill Darling in the CMS Office of Communications.

Before we dive into today's presentations, I have one brief announcement. This special open door forum is not intended for the press and the remarks are not considered on the record. If you are a member of the press, you may listen in but please refrain from asking questions during the Q&A portion of the call. If you have inquiries, please contact CMS at press@cms.hhs.gov.

And now I'll hand the call off to Brian Pabst, who's the Technical Advisor in the Office of Financial Management.

Brian Pabst: Thank you very much, Jill. Good afternoon. On behalf of the Office of Financial Management and other CMS business components and contractors who are represented here and on the phone, I welcome you to the Special Open Door Forum Teleconference.

Today's session will be divided into two presentations and there will be opportunities for Q&A at the end.

In the first segment, Dr. Monica Kay, who is the Director of the Division of Program Management in the Office of Information Technology, Program Management of Performance Group will provide an overview of the Agency's implementation efforts under the Social Security Number Removal Initiative or SSNRI.

Following that segment, I, Brian Pabst, one of the technical advisors in the Financial Services Group's Division of MSP Operations in OFM, will conduct the second presentation that will feature a focused discussion covering SSNRI's impacts upon CMS's Medicare Secondary Payer of MSP stakeholders.

I know all assembled here today trust that our teleconference participants will benefit greatly from all the information shared this afternoon.

Before I turn the presentation back over to Monica, I wanted to note that our slides that are being used in today's presentation that will made available in the near future on our CMS.gov COB&R website may be referenced in the COB&R Overview section as a download document.

Thank you very much. Now I turn it over to Monica.

Monica Kay: Thank you, Brian. Today, I would like to talk to you about the Social Security Number Removal Initiative or SSNRI. And I would like to give you information regarding our implementation activities.

Just to give you a little bit of background on SSNRI, the Health Insurance Claim Number, or HICN, is a Medicare beneficiary identification number. It's

used for paying claims and determining eligibility for service across multiple entities, such as a Social Security Administration, Railroad Retirement Board, States, Medicare providers, health plans and other stakeholders.

The Medicare Access and CHIP Reauthorization Act, or MACRA of 2015, mandates the removal of the Social Security Number of SSN-based HICN from Medicare cards to address the current risk of beneficiary medical identity theft. The legislation requires that CMS must mail out new Medicare cards with a new Medicare Beneficiary Identifier or MBI by April of 2019.

So let's talk a little about the program goals for this effort.

First and foremost, we must decrease Medicare beneficiaries' vulnerability to identity theft by removing the SSN-based HICN from their Medicare information card and replace that HICN with a new Medicare Beneficiary Identifier or MBI.

And in achieving that goal, CMS seeks to minimize the burdens for beneficiaries, providers, Medicare operations, and provide a solution for our business partners that allows the usage of HICN and/or MBI for our business critical data exchanges. And of course we must manage the cost, scope and schedule for the project.

Let's talk a little bit about those complex I.T. systems that must be changed.

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

Affected stakeholders include our federal partners, state beneficiaries, plans and providers, as well as other key stakeholders, such as yourself, billing agencies, advocacy groups, and data warehouses. CMS has been working closely with all of our partners and stakeholders to implement the SSN Removal Initiative.

Now let's talk a little bit about the implementation of SSNRI.

The Medicare Beneficiary Identifier must provide the following capabilities: First, we must generate a new MBI for all of our beneficiaries. This includes existing, currently active, deceased, or archived members, as well as any new beneficiaries coming into our program. We must issue new redesigned Medicare cards. This new cards will contain the MBI to existing and new beneficiaries. We also must modify our systems and business processes where we can require updates to accommodate the receipt, transmission, display, and processing of the new MBI.

CMS anticipates that it will use the MBI generator to assign 150 million MBIs in the initial enumeration, which includes 60 million active and 90 million deceased or archived, as well as generate a new unique MBI for each new Medicare beneficiary. We must also generate a new unique MBI for Medicare beneficiaries whose identity has been compromised.

Some of the new MBI characteristics includes is that it's the same number of characters as a current HICN, which is 11, but will be visibly different and distinguishable from the current Health Insurance Claim Number, or HICN. It will contain uppercase alphabetic and numeric characters throughout the 11-digit identifier. It will occupy the same field as HICN on transactions.

Most of all, it will be unique to each beneficiary. The husband and wife will have their own MBI. It will also be easy to read and limit the possibility of letters being interpreted as numbers. Alphabetic characters will be uppercase only and exclude and letters S, L, O, I, B and Z. The new MBI will not contain any embedded intelligence or special characters nor will it contain any inappropriate combinations of strings or numbers that may be found offensive.

CMS anticipates that the MBI will not be changed for individual unless that MBI is compromised or other limited circumstances what are still undergoing review.

Let's talk a little bit about the differences between the current HICN and the MBI number.

As I stated before, the Health Insurance Claim Number is the primary beneficiary account holder Social Security Number plus Beneficiary Identification Code or BIC. It's a nine-byte SSN plus a one or two-byte BIC. And key positions one through nine are numeric.

The new Medicare Beneficiary Identifier, or MBI, will be a new non-intelligent unique identifier. It will be 11 bytes. And key positions two, five, eight, and nine will always be alphabetic.

As we prepare for this implementation, CMS will have a transition period where we will be using both the HICN and MBI during our transition period process. In January of 2018, we will activate the MBI Generator and Translation Services. April 1st, 2018 through December 31st of 2019 is our transition period where we will both accept and process both the HICN and MBI on transactions. And it's anticipated that, beginning April 2018 through April 2019, we will do our card mailing and conduct that phased card issuance to beneficiaries with the new MBI number.

Additionally, with the transition period, CMS will complete a system and process update to be ready to accept and return the MBI as of April 1st of 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 1st or 2018. Stakeholders may submit either the MBI or the HICN during the transition period.

CMS will accept and use for processing and return to the stakeholder either the MBI or HICN, whichever is submitted during the transition period. And there will be limited use of the HICN for special circumstances and exceptions.

In addition, beginning October 2018 through the end of the transition period, when a Health Insurance Claim Number is submitted on the Medicare Fee-for-Service claim, both the HICN and MBI will be returned on the remittances advice. And again, this transition period will run from April 2018 through December 31st of 2019.

As we talk about our card issuance, CMS will begin issuing new Medicare cards for existing beneficiaries after the initial enumeration of the Medicare Beneficiary Identifier, which is roughly 60 million beneficiaries. The gender and signature line will be removed from the new Medicare card. The Railroad Retirement Board will also issue their new RRB cards to their beneficiaries. And we will work with States that currently include HICN on their Medicare cards to remove the Medicare I.D. or replace it with a new Medicare Beneficiary Identifier. And then, of course, CMS will conduct intensive education and outreach to all Medicare beneficiaries and their agents to help them prepare for the change.

We will provide outreach and education to approximately 60 million beneficiaries, their agents, advocacy groups and caregivers. We'll also provide education and outreach to health plans, the provider community, states and territories, key stakeholders, vendors and other partners. And we will ensure that we involve all stakeholders in our outreach and education efforts through our existing vehicles of communication and vehicles, such as this, open door forum, HPMS notices, and other communication areas.

I would like to thank you for participating in our overview session today. Additional information can be obtained from our website at http://go.cms.gov/ssnri. And if you have any questions about the overall implementation, please submit them to SSNRemoval@cms.hhs.gov.

And now I'll turn it over to Brian who will talk about the CMS Medicare Secondary Payer and their stakeholders and the SSNRI impacts.

Brian Pabst: Thank you very much, Monica.

Before we begin our discussion, I first wanted to make sure everyone is familiar with the following two key terms that will be discussed in our presentation this afternoon. Most of us are no doubt familiar with what we call the Section 111 MMSEA data exchange process. But for those who are not, Section 111 MMSEA refers to Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007. Under this law, organizations that we

term "Responsible Reporting Entities" or RREs are required to report instances where they are legally the primary payer to Medicare.

Also, in today's presentation, you will hear reference to CMS' non-MSP File exchange process. For those unfamiliar with this concept, our non-MSP File exchange refers to files submitted by Group Health Plans primarily for the purpose of reporting prescription drug eligibility coverage that is supplemental to Medicare Part D for individuals they insure who are no longer working. The process can be used to obtain Medicare coverage through querying.

Our goal in considering SSNRI's impacts upon our MSP processes was to minimize changes to the greatest extent possible for all of our MSP stakeholders. You'll be pleased to know that based on our analysis and all of our research, we were able to do this as reflected in the scope of our changes. There will be no file format changes to any input or response files used as part of the MSP data exchange process.

Starting in July 2017, the reference to the term HICN will be replaced by Medicare I.D. This universally applies to all processes and will be reflected in all documentation on the CMS COB&R website.

Why was it possible for us to not make any changes to our MSP file layouts? This happened because there was an SSNRI exception granted to us for all MSP data exchanges and processes. This means that after January 1st, 2020, Section 111 MMSEA RREs and Voluntary Data Sharing Agreement employer participants may provide any one of the following to Medicare's Benefits Coordination & Recovery Center or BCRC as the beneficiary identifier use in MSP reporting: The first is obviously the Medicare Beneficiary Identifier. We will accept that. The full Social Security Number, and the Health Insurance Claim Number.

Now for the benefit of our non-group health plans who are listening, those entities will still be able to submit a partial five-byte SSN as part of their MSP file exchanges with us.

As part of Section 111 MMSEA and VDSA MSP responses and non-MSP response file processes, the BCRC will return the current – the most current-- identifier in what is currently the HICN, Health Insurance Claim Number, field. It's important to realize that the most current identifier could be the MBI on or after April 2018.

Of very critical importance, the MBI will not be returned in the MSP response files before April 2018. This is the date, as Monica had mentioned, that CMS will begin to mail MBI cards to our Medicare beneficiaries.

In terms of other input and response files, SSN, HICN, or MBI will still be accepted on state pharmaceutical assistance programs (or SPAPs), AIDS drug assistance programs (or ADAPs), and patient assistance programs (PAPs) incoming files in the renamed Medicare I.D. field. CMS will return the most current Medicare identifier in the Medicare I.D. field in the response file sent to SPAPs, ADAPs, and PAPs. Again, the most current identifier could the MBI on or after April 2018.

To comply with CMS' Section 111 requirements, many of our Group Health Plan RREs and employer groups currently use querying options to determine Medicare entitlement. When the MBI is implemented and before, Group Health Plans and employers will still be able to use the SSN Lookup to obtain the most current Medicare identifier. It will still be possible to include an SSN as an input value. The most current identifier will be returned in what is currently the HICN field, which will be renamed the Medicare I.D.

Similarly, Section 111 MMSEA Group Health Plans and Voluntary Data Sharing Agreement partners will be able to use the Health Insurance Wrapper, or HEW, querying process to obtain the most current Medicare identifier. The input values used in the incoming HEW file will be unchanged. So that means today if you use an SSN, which a lot of folks do, that will still be feasible going forward. The most current Medicare identifier will be returned in what is currently the HICN field, which will be renamed the Medicare I.D. field.

A general note for the benefit of all of our MSP Section 111 submitters and also our Voluntary Data Agreement submitters is that we want to encourage you that when you receive back the MBI in the response – and MSP and non-MSP response files or via query options, that you begin to use the MBI in reporting future updates to us on your covered individuals.

Web portals-- MSP stakeholders that are registered and properly authorized to access the MSP Secondary Payer Recovery Portal (or MSPRP), Commercial Repayment Center Portal (CRCP), and Workers' Compensation Medicare Set-Aside Arrangements Portal(WCMSAP) will be able to enter the HICN or the MBI in the renamed Medicare I.D. to report or view specific case information.

The system supporting each portal will know by the configuration of the identifier entered which I.D. is being entered for the purpose of accessing the case. And SSN may still be used within the MSPRP, the CRCP, and the WCMSAP if the MBI or the HICN is not available.

In terms of outgoing correspondents and letters, the beneficiary identifier, which is represented under Medicare I.D. on outgoing correspondent such as conditional payment letters, conditional payment notices, and demand letters, will be either the HICN or the MBI. This will be based upon the beneficiary identifier that was most recently reported to us that resulted in the creation of an MSP record and a recovery case.

So for example, if an entity had submitted to us before an MSP record and it had a HICN and now that entity is coming in now and updating that record with a MBI, the MBI will be the critical identifier going forward on all correspondence that we send out.

The MBI will not be reflected any earlier than April 2018. Correspondence relating to Workers' Compensation Medicare Set-Aside Arrangements will include whatever beneficiary identifier was submitted to us in the WCMSA proposal.

And this (inaudible) record here. If a Section 111 MMSEA RRE, for example, entity ABC, updates a pre-existing MSP record that results in coverage case and includes an MBI in that update file, any resulting CPLs,

CPNs, or other outbound correspondents sent in the future to ABC will contain the MBI. This is true even if the original Section 111 record submitted by the RRE included the HICN.

Now, this is the most critical part of presentation. So far, you've learned that nothing is changing in terms of file formats and that all that we are doing is renaming the files and the portals where you see the word HICN today to "Medicare I.D."

Treasury letters is a slight exception to that. All correspondence to and from the U.S. Department of Treasury relating to MSP debts will no longer contain the HICN or the MBI. Treasury correspondence will now contain a recovery case I.D. And we're assured through our research that for most people, that should not be an issue. We hope that's what we find with you all.

The timing of this change is to be announced in the near future, but based on all internal conversations, it's likely to occur before the end of this calendar year. And that's all that I have this afternoon for this presentation. I'll turn it back to the operator for questions.

Operator: As a reminder, in order to ask a question, just press star then the number one on your telephone keypad.

Your first question comes from Suzanne Jordan from Broadspire. Please go ahead. Your line is open.

Suzanne Jordan: Hi, good afternoon. My question is related to Non-Group Health Plans for Section 111. In April of 2018 when the MBI response files begin to come in, will this completely replace the HICN response files? Will we only receive a five-digit response regard – regardless of what we submit?

Hello?

Brian Pabst: You're asking in the context of a non-group health plan. Is that correct, ma'am?

Suzanne Jordan: Correct, a non-group health plan for Section 111.

Brian Pabst: And currently you report a five-digit SSN?

Suzanne Jordan: No, no. We do not. We report a full SSN …

Brian Pabst: OK.

Suzanne Jordan: … And we get back the full HICN response file. So when the response file is changed in April of 2018, will those MBI response files be the only response we receive with the five-digits or will we also receive …

Brian Pabst: Oh, I see what you're saying.

I'm pretty sure that the response files that we give you back for your MSP reporting will still contain – it will have the SSN which is a separate field and then there will also be the MBI in the most current identifier field assuming that that's the – is in place.

Male: Whichever is the most current identifier…

Brian Pabst: Whichever is the most current identifier.

Male: … in that form.

Suzanne Jordan: OK. So we'll get both then is what you're going to – what you're telling me, right?

Male: Yes, yes.

Brian Pabst: We want to make sure we understood what value you were talking about but thanks for clarifying that.

Suzanne Jordan: OK, thank you.

Brian Pabst: Sure.

Operator: Your next question comes from the line of Patrick Burkart from Blue Cross of North Carolina. Please go ahead.

Patrick Burkart: Hi. Yes. So my question is around like our cutover strategy. So we have all this history with you on the MSP and on the COBA for people with coverage here at North Carolina. And that's all keyed now by the HIC number, which is the old number. So when you change over, I mean you don't want me to send you deletes of all my old number history and add my new number history, but you know, technically that's what's happening. So I'm just curious how that's supposed to work.

Brian Pabst: Patrick, we would not want you to delete what you already have with us and I know you're probably trying to wear both hats and think about COBA and MSP at the same time. But when it comes to COBA, we are going to need to have the MBI sent to us in January 2020 through the COBA E01 file.

When it comes to MSP, there is an indefinite exception. So if you wanted to still send us the HIC number, you can do that indefinitely.

I don't know if that helps but that's – I mean I know you're trying to keep them the same. Similarly, if you wanted to send the MBI early, there's no penalty for doing that.

Patrick Burkart: Sure.

Brian Pabst: Whereas if you sent it to us before April 2018, we would not reject it.

Patrick Burkart: OK. So all I should do is really send a change record that contains the MBI instead of the HIC number in the field.

Male: Right, right.

Patrick Burkart: But it changed whenever we convert somebody.

Brian Pabst: Yes.

Male: And just to be clear, do not send in a delete and re-add …

Patrick Burkart: Right.

Male: … Or any of those NGHP claim records. And if you want to move to the MBI, send in an update record with that MBI I.D. We will then assume that you know the MBI and then any subsequent correspondence will contain the MBI …

Patrick Burkart: Right, right.

Male: … Versus the HIC number. So don't delete and readd list.

Brian Pabst: Yes.

Patrick Burkart: OK, yes. And that didn't make any sense to me either, you know, even though that is kind of what is happening. Your comment about COBA, is it on a different timeline?

Brian Pabst: Yes. COBA, because we have – we're going to be getting a crosswalk out for COBA partners, because they – you know, there's a huge chance that they will not be able to handle the MBI if included in claims in in April. We are not as you may have heard in the COBA presentation, there is still going to be situations where claims are sent over with HICN even after January 1st, 2020, and we want to make sure that COBA partners are able to handle that scenario because folks may turn over to the MBI exclusively and not be able to handle that. That's what the cross walk and other files that we are returning will be used for.

But no, January 2018 is when our only change to the COBA response file is happening. So, yes, it's ahead of April 2018.

Patrick Burkart: OK. So I mean are you saying that I cannot start sending you MBI on the COBA until 2020?

Brian Pabst: Patrick, – as I had said, you would be able to. There's no edit in our system.

Patrick Burkart: OK.

Brian Pabst: What you might want to do--we're going to having our COBA slides posted very soon after this along with, you know, this slide. So, you'll be able to see more information about that in those slides.

Patrick Burkart: Yes. So I'm going to go into somebody's record on our site and I will replace the HIC number with the updated I.D. and then that's what I'll have. But I've got multiple processes and then some need to recognize that and others need to wait. That's kind of what I'm trying to figure out, because it's just an I.D. in the member's record that I'm going to change and then we've got the MBI as well.

Brian Pabst: One thing about the MSP process that I was saying in my presentation is that we will not return the MBI on the response files before April 2018. So there is a date if you want to say it with that process that's in mind. Whereas COBA, because we're trying to get folks built up to the possibility of getting an MBI in April 2018 on crossover claims, we're delivering that information sooner.

But you really aren't required to change the file of a COBA until January 2018. But for MSP, we're not really ascribing a date. We'll accept the MBI early if you give it to us. I believe that's correct.

Patrick Burkart: OK. Let me see if you just answered my question. Once you send me an MBI on a response record, I'm free to change that in my system, that person have one assigned. But really what I'm waiting on is for you to send me one on the response …

Brian Pabst: OK.

Patrick Burkart: … and that person can go.

Brian Pabst: And you're correct. And that will – when it comes to MSP which I assume you're speaking about here, that will happen April 2018 and after because as Monica said, April 2018 to December 2019 is the timeframe where – you know, where our transition period and roughly a year, April 2018 to April 2019, is when the beneficiaries will be getting their new cards. So, somewhere on that continuum mostly all MSP folks will probably have gotten a new Medicare number by then.

Patrick Burkart: OK, thank you.

Operator: Your next question comes from the line of Kathy Cubit from CARIE. Please go ahead.

Kathy Cubit: Well, hi. Thank you.

I was interested if you could talk a little bit more about when and how you plan to educate Medicare beneficiaries. Will there be information available in other languages? And also, will your messaging include prevention about fraud because as you know, one of the common scams now is fraudsters soliciting, telling beneficiaries Medicare couldn't be sending a new card. We need to verify new information. So I would hate to see this open up even more of that kind of fraud.

Monica Kay: So this is Monica with the Office of Information Technology. CMS is planning an extensive education and outreach methods with all of our stakeholders, their advocacy groups, and everyone who's involved with the process. So I would say few providers were definitely going to provide you with information to help your beneficiaries make that change. And just stay tune and please refer to our website for some of those pieces of information.

Kathy Cubit: And do you know when that's going to start or?

Monica Kay: We're still working on the timeframe for this but we anticipate it to be slightly before for our Medicare beneficiaries' card mailing process.

Kathy Cubit: OK, thank you.

Operator: Again, that's star then the number one to ask a question.

Your next question comes from Susan Bolster from ZURICH. Please go ahead.

Susan Bolster: Hey, this Sue Bolster. My question relates to what was being said about the Department of Treasury letters. Are you indicating that as of a certain date that the HICN will no longer be referenced but only referenced in the recovery case I.D.? Was that true?

Brian Pabst: Yes, ma'am.

Susan Bolster: How are we going to be able to identify then that beneficiary in our records if you're giving us a recovery case I.D. only?

Male: As soon as that you have received the case information already, it will be the same beneficiary name and using that with the case I.D. you shall be able to – you should be able to-- cross-reference that back to the appropriate beneficiary.

Susan Bolster: So will that case – recovery case I.D. be the CRC I.D. that they're providing in like the current conditional payment, notices and demand letters?

Male: Yes. That's correct. It will be the CRC case I.D. or the BCRC case I.D.

Susan Bolster: OK, thank you.

Male: Sure.

Brian Pabst: So just to round out your question, as soon as we're made aware of when those changes in the Treasury letters are occurring, we will let everyone know as soon as possible on our COB&R website. So that will be posted there. So you'll be made aware of when it will happen.

Operator: Your next question comes from the line of (Carmen Bachmann) from (Novartis). Please go ahead.

(Carmen Bachmann): Thank you. Could you please restate the website that you will be posting today's presentation and other information?

Brian Pabst: And I'm going to try to make it easy because saying it long-hand it's going to be a little but difficult. But for those who are familiar with cms.gov, you will go to cms.gov and then there is a Medicare tab. Go to that.

(Carmen Bachmann): Yes.

Brian Pabst: And then you'll go to what's called Coordination of Benefits & Recovery.

(Carmen Bachmann): OK.

Brian Pabst: It should be under that. And there is an Overview section under that. And then that's where this will be posted at the download document.

(Carmen Bachmann): Thank you.

Brian Pabst: You're welcome. That's whole lot easier than saying it long-handed then. OK.

Operator: And there are no further questions in the queue. I turn the call back over to the presenters.

Brian Pabst: I want to thank everyone for their attention this afternoon. I thought this was a very productive call and I hope everyone learned a lot. We will continue to provide updates. As folks who are used to our MSP processes know, we do send out alerts quarterly or periodically. We will continue to do that so the folks are made aware particularly with this issue with the Treasury letters, when that happens and also just in general so that you're made aware. In our case as we said this not that many change but we still want to make sure you're aware so if you happen to notice that HICN is no longer referenced and now it's Medicare I.D., you're right on top of that.

So thank you again.

Operator: This concludes today's conference call. You may now disconnect.

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