Centers for Medicare & Medicaid Services

New Medicare Card Project

Frequently Asked Questions (FAQs):

As of April 4, 2018

New Medicare Card Project
Frequently Asked Questions (FAQs)

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1.0 BACKGROUND

The Frequently Asked Questions (FAQs) in this document stem from questions and answers (Q&As) from conferences and information sent to the CMS resource mailboxes.

2.0 GENERAL QUESTIONS

ID	General Questions and Answers
2.1	**Question:** How will dual eligibility be impacted/managed with Medicaid, etc.? **Answer:** The Centers for Medicare and Medicaid Services (CMS) is working directly with the State Medicaid Agencies to determine what changes will need to be made to their systems and business processes in order to accept the new Medicare Beneficiary Identifier (MBI). States will need to make those changes and test their systems prior to April 2018, when CMS plans to start sending out the new Medicare cards. States will then be able to continue to exchange data with CMS and to ensure the transition is smooth for dually eligible beneficiaries. For additional information, please refer to the link: https://www.cms.gov/Medicare/New-Medicare-Card/States/States.html
2.2	**Question:** How is the Centers for Medicare and Medicaid Services (CMS) identifying non-active (e.g., deceased) beneficiaries? **Answer:** The Centers for Medicare and Medicaid Services (CMS) will be identifying non-active beneficiaries the same way it is currently done today; that process is not changing. The Medicare Beneficiary Identifier (MBI) and the Health Insurance

ID	General Questions and Answers
	Claim Number (HICN) do not determine if a beneficiary is active or non-active. The data that is used today to make the active vs. non-active determination will continue to be used.
2.3	**Question:** How will premium payment deduction from social security checks be handled through the transition? **Answer:** Beneficiaries whose Medicare premiums are withheld from their Social Security benefit will continue to have their premiums withheld in the same manner as today.
2.4	**Question:** If a person loses his/her job on the last day of the month and enrolls in Medicare Part A and B because he/she is eligible for Medicare, would he receive his Medicare number at the Social Security office at that time of enrolling? **Answer:** Individuals applying for Medicare coverage for the first time are not provided a Medicare number at the time of enrollment. (Individuals adding or dropping coverage after initially having Medicare will already have a Medicare number. This number doesn't change.) Once the Social Security Administration (SSA) determines the person is eligible for Medicare and processes the application, a Medicare number is assigned by the Centers for Medicare and Medicaid Services (CMS) and the Medicare card is mailed shortly thereafter. SSA will also mail a Medicare award notice, notifying the person that he or she has Medicare coverage and its effective date. Regarding enrollment in a Medicare Advantage or Prescription Drug Plan, individuals can contact the Plan they want to enroll in directly and talk to them about their enrollment. Further, please see our enrollment guidance, which outlines the enrollment periods and responsibilities by the Plan to determine eligibility for enrollment as part of the enrollment processing. Please see section 40.2.B of the Medicare Managed Care Manual found at: https://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicareMangCareEligEnrol/index.html.

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ID	General Questions and Answers
2.5	**Question:** Are the dashes that appear in between the digits of the Medicare Beneficiary Identifier (MBI) required to be submitted when processing claims?
	Answer: The dashes in between the digits of the Medicare Beneficiary Identifier (MBI) are only for display purposes and do not need to be included when submitting claims.

3.0   PROVIDER QUESTIONS

ID	Provider Questions and Answers
3.1	**Question:** Because social security checks are often deposited electronically, the beneficiary may not have updated or changed their mailing address with the Social Security Administration (SSA). Without an accurate address, beneficiaries may not receive their new Medicare card, and therefore, providers are concerned that beneficiaries will not be able to provide the new Medicare Beneficiary Identifier (MBI) at the time of service. Does the Centers for Medicare and Medicaid Services (CMS) have contingencies for this scenario?
	Answer: As a part of our education and outreach, the Centers for Medicare and Medicaid Services (CMS) is encouraging beneficiaries to update their addresses with the Social Security Administration (SSA) as we prepare for mailing the new Medicare cards. Additionally, to ease provider burden and provide for a smooth transition, we are implementing a 21-month transition period where we will accept both the Health Insurance Claim Number (HICN) and Medicare Beneficiary

ID	Provider Questions and Answers
	Identifier (MBI) on transactions until 1/1/2020. And with the new MBI look-up tool, providers will have the ability to easily obtain the MBI with key pieces of beneficiary information.

	Other Provider Questions
3.2	**Question:** How can providers confirm a Medicare patient's Medicare Beneficiary Identifier (MBI) is real?
	Answer: Providers can confirm a Medicare patient's Medicare Beneficiary Identifier (MBI) using the HIPAA Eligibility Transaction System (HETS), just like they confirm Health Insurance Claim Numbers (HICN) and patient's eligibility today.
3.3	**Question:** The HIPAA Eligibility Transaction System (HETS) will return a message identifying Railroad Retirement Board (RRB) beneficiaries for all 271 transactions. Does this include those that were submitted with the Health Insurance Claims Number (HICN)?
	Answer: The Railroad Retirement Board (RRB) message will only be returned when a Medicare Beneficiary Identifier (MBI) is submitted and the MBI belongs to a RRB beneficiary.

4.0   APPEALS QUESTIONS

ID	Appeals Questions and Answers
4.1	**Question:** If a Plan submits a Health Insurance Claim Number (HICN) after the transition period ends (January 1, 2020), will the claims be rejected with the exception of certain areas such as appeals, adjustments, and some reporting?

ID	Appeals Questions and Answers
	Answer:
	Yes, that's correct.

5.0   RESEARCH QUESTIONS

ID	Research Questions and Answers
5.1	**Question:**
	For states conducting research extracts, several states have concerns. How can states bridge files that don't have the historical Health Insurance Claim Number (HICN) after they convert to the Medicare Beneficiary Identifier (MBI)?
	Answer:
	If states are using the Health Insurance Claim Number (HICN) for research purposes, it should be in Data Use Agreement (DUA). Additionally, there is content on the Research Data Assistance Center (RESDAC) website at www.resdac.org regarding this concern.

6.0   TESTING QUESTIONS

ID	Testing Questions and Answers
6.1	**Question:**
	Can Fee-for-Service (FFS) providers or agents acting on providers' behalf test with the Centers for Medicare and Medicaid Services (CMS) before April 2018?
	Answer:
	No, the Centers for Medicare and Medicaid Services (CMS) will not test with providers or agents, however, we encourage providers and agents acting on their behalf to internally test their system and business process changes prior to April 1,

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ID	Testing Questions and Answers
	2018. Additionally, providers and their agents can use the transition period (April 1, 2018 through December 31, 2019) as a live test because they can still submit Health Insurance Claim Numbers (HICN) for claims payments if they need to make any changes to their systems. CMS will monitor HICN versus Medicare Beneficiary Identifier (MBI) use during the transition period to help assess readiness for full implementation.

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7.0   PLANS QUESTIONS

ID	Plans Questions and Answers
	MARx

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7.1	**Question:** If a beneficiary has had more than one Health Insurance Claim Number (HICN) will the Centers for Medicare and Medicaid Services (CMS) assign a Medicare Beneficiary Identifier (MBI) for each HICN?
	Answer: No, each beneficiary will be assigned one Medicare Beneficiary Identifier (MBI), and this will appear with the most current Health Insurance Claim Number (HICN) on the crosswalk files.
7.2	**Question:** Can beneficiaries appear on a Plan crosswalk file multiple times?
	Answer: Yes. The crosswalk files will be distributed at the 5 digit Plan contract number, and broken down at the Plan Benefit Package (PBP) level within the file. If a beneficiary has enrollment history with multiple PBPs within the same contract, then they will appear multiple times (one record for each PBP) in the "initial" (one time only) crosswalk file for that contract.
7.3	**Question:** Does the Centers for Medicare and Medicaid Services (CMS) plan to send test crosswalk files to Plans prior to the initial crosswalk file?
	Answer: No. The Centers for Medicare and Medicaid Services (CMS) has provided the Health Insurance Claim Number (HICN) to Medicare Beneficiary Identifier (MBI) Crosswalk file layout, as well as the characteristics and format of the MBI. Plans are

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ID	Plans Questions and Answers
	welcome to use this information to create their own test data in advance of the transition. Also, since the production file will be distributed in early March 2018, Plans may choose to use this file to test their systems prior to the beginning of the April 2018 transition period.
7.4	**Question:**
	What will the file naming convention be for the Medicare Advantage Prescription Drug System (MARx) Health Insurance Claim Number (HICN) to Medicare Beneficiary Identifier (MBI) Crosswalk files?
	Answer:
	The file naming convention will be: "P.Rxxxxx.CROSSWLK.Dyymm01.Thhmmsst", where "xxxxx" is the contract number.
7.5	**Question:**
	How will Plans be able to reconcile the Centers for Medicare and Medicaid Services (CMS) replies to Plan submitted input transactions to the Medicare Advantage Prescription Drug System (MARx) which contain a beneficiary Health Insurance Claim Number (HICN)?
	Answer:
	As part of the Centers for Medicare and Medicaid Services' (CMS) responsiveness to Plans, the Daily Transaction Reply Report (DTRR) Data File will contain Plan submitted input transactions verbatim back to the Plan (Transaction Type "P"). Plans will have the data they submitted readily on hand when receiving and reviewing transaction replies. For reconciliation purposes, Plans may use the Transaction Tracking ID as part of their input transactions to the Medicare Advantage Prescription Drug System (MARx). This will allow the Plan to reconcile Transaction Reply Codes (TRCs) to the input transaction submitted.
7.6	**Question:**
	Will Plans continue to receive a Transaction Reply Code (TRC) on the Daily Transaction Reply Report (DTRR) to communicate when a beneficiary's Health Insurance Claim Number (HICN) changes after April 2018?
	Answer:

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ID	Plans Questions and Answers
	Plans will not be notified if a beneficiary's Health Insurance Claim Number (HICN) changes beginning in April 2018. In the rare case that a beneficiary's Medicare Beneficiary Identifier (MBI) changes, starting in April 2018, the Daily Transaction Reply Report (DTRR) will communicate the MBI change using the same Transaction Reply Codes (TRCs) that are currently used to communicate HICN changes.
7.7	**Question:** After transition begins, will the Health Insurance Claim Number (HICN) be displayed in Field 24 (Transaction Reply Specific Information) of the Daily Transaction Reply Report (DTRR) for any Transaction Reply Codes (TRCs)? **Answer:** No, this field was intended to represent a "previous Health Insurance Claim Number (HICN)" when there is a HICN change.
7.8	**Question:** With implementation of the Medicare Beneficiary Identifier (MBI), Plans will no longer be able to use the Health Insurance Claim Number (HICN)format to differentiate between beneficiaries who receive benefits from the Railroad Retirement Board (RRB) versus the Social Security Administration (SSA). What if a Plan selects the incorrect agency when they submit a premium withhold request on behalf of a beneficiary? **Answer:** If a Plan selects the incorrect agency for a premium withhold request, the Medicare Advantage Prescription Drug System (MARx) will automatically route the request to the correct agency. In this situation, for informational purposes, the Plan would receive either a Transaction Reply Code (TRC) 255 (Plan submitted RRB W/H for SSA Beneficiary), or TRC 256 (Plan submitted SSA W/H for RRB Beneficiary).
7.9	**Question:** How does this affect Medicare Plan coverage? **Answer:**

ID	Plans Questions and Answers
	This initiative does **not** impact Medicare coverage, including Medicare Advantage (MA) Plans and Medicare Advantage Prescription Drug (MAPD) Plans, provided to patients. For Medicare Advantage Plans, once the new Medicare number is sent to beneficiaries, they may use it to enroll in a Medicare Advantage or Prescription Drug Plan. All members of the Centers for Medicare and Medicaid Services (CMS) contracted Medicare Advantage and Prescription Drug Plans will still receive an insurance card from their Plan that they should use when obtaining services while enrolled in the Plan. CMS has provided information regarding the systems changes via the Health Plan Management System (HPMS) memos that have been released for the systems impacted. Refer to the HPMS memo.

DRUG DATA PROCESSING SYSTEM (DDPS)

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7.10	**Question:** Will Plans see the Medicare Beneficiary Identifier (MBI) on any files prior to the distribution of the "initial" (one time only) Health Insurance Claim Number (HICN) to MBI Crosswalk file from the Medicare Advantage Prescription Drug System (MARx)?
	Answer: Yes. Plans have started receiving Medicare Beneficiary Identifiers (MBI) on return files from the DRUG DATA PROCESSING SYSTEM (DDPS) since mid-February with the implementation of the February 2018 release. This release implements changes to all DDPS and PAYMENT RECONCILIATION SYSTEM (PRS) file layouts to repurpose any fields that reference the Health Insurance Claim Number (HICN) to now reference the MBI. (The changes to both inbound and outbound file layouts were discussed in the May 2, 2017 Health Plan Management System (HPMS) memo.) Plans should be prepared to accept and store MBIs received in response files when the Feb. 2018 DRUG DATA PROCESSING SYSTEM (DDPS) release is implemented.
7.11	**Question:** How does the transition period apply to a PRESCRIPTION DRUG EVENT (PDE) submitted from Part D Plans to DRUG DATA PROCESSING SYSTEM (DDPS)?
	Answer: Plans may submit either the Health Insurance Claim Numbers (HICN) or Medicare Beneficiary Identifiers (MBI) both

ID	Plans Questions and Answers
	during and after the transition period. The Centers for Medicare and Medicaid Services (CMS) will be monitoring the extent to which Plans are able to fully transition to submitting MBIs only.
7.12	**Question:** If a Part D sponsor does not implement the changes to the PRESCRIPTION DRUG EVENT (PDE) file layout as specified in the February 2018 release during the transition, what will happen? **Answer:** For the DRUG DATA PROCESSING SYSTEM (DDPS), the changes do not create any new fields to the layouts. Instead, the Health Insurance Claim Number (HICN) specific fields are repurposed to be "Medicare beneficiary identifier" fields. These fields may include either the HICN or the Medicare Beneficiary Identifier (MBI) on inbound files to the Centers for Medicare and Medicaid Services (CMS), and will primarily be populated with the MBI on outbound return files sent from CMS to Plans. Plans may continue to submit HICNs both during and after the transition period, and will be able to successfully do so if they submit Prescription Drug Events (PDEs) with the older PDE record layout.
7.13	**Question:** Will a new field be created on DRUG DATA PROCESSING SYSTEM (DDPS) return files to communicate the new Medicare Beneficiary Identifier (MBI) to Part D sponsors? **Answer:** No. The current "Corrected Health Insurance Claim Number (HICN)" field on the PRESCRIPTION DRUG EVENT (PDE) return file will be repurposed to the "Corrected Medicare Beneficiary Identifier (MBI)" field, and will contain the most current MBI beginning with the files returned following the Feb 2018 system release. From that point and forward, the HICN would not be the most current beneficiary identifier on record, and will not be returned in the "Corrected Medicare beneficiary identifier" field.
7.14	**Questions:** How will a Part D Plan be able to match a beneficiary back to the Health Insurance Claim Number (HICN) stored in their system during the period of time between when DRUG DATA PROCESSING SYSTEM (DDPS) begins to return Medicare

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	Beneficiary Identifiers (MBI) and the "initial" (one time only) HICN to MBI Crosswalk file is distributed from the Medicare Advantage Prescription Drug System (MARx)?
	Answer: Similar to our current process, when there is an updated Health Insurance Claim Number (HICN), the DRUG DATA PROCESSING SYSTEM (DDPS) return file will provide both the HICN submitted by the Plan, as well as the updated beneficiary identifier. Upon implementation of the February 2018 release, the DDPS return file will repurpose HICN specific fields to Medicare beneficiary identifier fields, so the return file would report the Medicare beneficiary identifier submitted by the Plan, which would be the HICN, as well as the most current Medicare beneficiary identifier, which will be the Medicare Beneficiary Identifier (MBI). This should allow you to take steps necessary to match a beneficiary in your system.
7.15	**Question:** Can the Centers for Medicare and Medicaid Services (CMS) confirm that for PRESCRIPTION DRUG EVENT (PDE) records when a PDE response contains either edit 710 or edit 734 (after the February 2018 release implementation), that CMS does not expect that the Plan will immediately resend that specific PDE with the corrected Medicare beneficiary identifier solely due to receipt of either of these edits?
	Answer: Both edit 710 and the newly created edit 734 are informational edits. The Centers for Medicare and Medicaid Services (CMS) does not expect that a new PRESCRIPTION DRUG EVENT (PDE) be submitted immediately in response to receiving these edits; however, Part D sponsors should take the new Medicare beneficiary identifier provided on the response file into account when submitting a future PDE for that beneficiary.
7.16	**Question:** The Centers for Medicare and Medicaid Services (CMS) systems, other than DRUG DATA PROCESSING SYSTEM (DDPS), may have different timeframes for accepting Medicare Beneficiary Identifiers (MBI), and some systems may not be able to accept the MBI by the February 2018 DDPS release. Would CMS recommend that Plans refrain from sending the MBI information on other feeds to CMS until after CMS releases the Health Insurance Claim Number (HICN)/MBI crosswalk to

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	Plan Sponsors is released?
	Answer: DRUG DATA PROCESSING SYSTEM (DDPS) will be able to receive Medicare Beneficiary Identifiers (MBI) as of the date of the February 2018 release. Other systems may have different dates, so you will want to confirm with the other systems you interact with in order to determine the date that they will begin accepting MBIs.
7.17	**Question:** Since the Centers for Medicare and Medicaid Services (CMS) has indicated they will accept either Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) on PRESCRIPTION DRUG EVENT (PDE) submissions beginning with the February 2018 release, can Sponsors submit adjustment and deletion PDE with the newest MBI regardless of the value submitted in the MBI field for a currently accepted PDE?
	Answer: Yes. Beginning with the February 2018 release, DRUG DATA PROCESSING SYSTEM (DDPS) will accept either a Health Insurance Claim Number (HICN) or an Medicare Beneficiary Identifier (MBI) on both initial and adjustment PRESCRIPTION DRUG EVENT (PDE).
7.18	**Question:** Will there be changes to the file layouts for the Coverage Gap Discount Program Contract Dispute File? How will these changes be announced?
	Answer: Updated file layouts for the Coverage Gap Discount Program Dispute File (CGDP) Contract Dispute File and the CGDP Reconciliation Inputs Report have been posted to the tpadministrator.com website under the Social Security Number Removal Initiative (SSNRI) Updates link on the left sidebar.

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	RDS Memorandum: Future Updates to the Retiree Drug Subsidy (RDS) System to Accommodate the New Medicare Card Project (Updated 9/25/2017, pdf, 59KB) – This memorandum provides information regarding the New Medicare Card Project and its impact to RDS Plan Sponsors and Vendors.
7.19	**Question:** Most clients use the Social Security Number (SSN) versus the Health Insurance Claim Number (HICN) for their Retiree Drug Subsidy (RDS) retirees on the retiree submission. In your current layout, there is a different field for SSN and Health Insurance Claim Number (HICN). For the RDS program, can you clarify if the Centers for Medicare and Medicaid Services' (CMS) RDS Center will continue to accept SSNs as a key for getting RDS members accepted? Will the SSN will be removed as a field from RDS files like the Covered Retiree List (CRL), Initial Retiree List (IRL), Response File (RF), etc.?
	Answer: The Retiree Drug Subsidy (RDS) Center will continue to accept the Social Security Number (SSN) in the same field on the file layout as it is today. There will be no changes in the use of SSNs to identify RDS retirees on the retiree submission file, nor on any of the files, such as the Covered Retiree List (CRL), Initial Retiree List (IRL), Response File (RF), etc.
7.20	**Question:** When we submit Social Security Numbers (SSN) and/or Health Insurance Claim Numbers (HICN) to the Retiree Drug Subsidy (RDS) in a retiree file, what will be returned in the Medicare Beneficiary Identifier (MBI) field of the response file after the transition period?
	Answer: The results will be the same, both during and after the transition period. The response file will contain the same information in the Medicare Beneficiary Identifier (MBI) field that was submitted to the Retiree Drug Subsidy (RDS) in the Retiree file. For example, if the Health Insurance Claim Number (HICN) was submitted in the MBI field of the Retiree file, the HICN will be returned in the response file.
7.21	**Question:** How will Retiree Drug Subsidy (RDS) Plan Sponsors obtain Medicare Beneficiary Identifiers (MBI) for retirees that are

ID	Plans Questions and Answers
	enrolled in non-Medicare Advantage Plans, assuming these individuals will not be on the monthly crosswalk file?
	Answer:
	A Retiree Drug Subsidy (RDS) Retiree will need to provide the Plan Sponsor with their Medicare Beneficiary Identifier (MBI) after they receive their new Medicare card. However, the RDS system will continue to accept the Social Security Number (SSN), Health Insurance Claim Number (HICN), Railroad Retirement Board (RRB), or MBI when available after the transition period begins, from Plan Sponsors indefinitely. RDS Sponsors and vendors will not have access to a crosswalk file of HICNs to MBIs. Please see the Retiree Drug Subsidy Public Website for more information and future announcements: https://www.rds.cms.hhs.gov/?q=regulations-and-guidance/social-security-number-removal-initiative-ssnri

Q&A from October 24, 2017 Retiree Drug Subsidy (RDS) New Medicare Card Project Webinar

(https://www.rds.cms.hhs.gov/?q=news-and-events/event-highlights/october-24-2017-retiree-drug-subsidy-rds-webinar-new-medicare-card#_Questions_Answers)

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7.22	**Question:**
	Since gender will be removed from the new Medicare Cards, will gender be removed from the retiree files?
	Answer:
	No, gender will remain on Retiree Drug Subsidy (RDS) Retiree files. The only change to Retiree files will be renaming the Health Insurance Claim Number (HICN) field to "Medicare Beneficiary Identifier (MBI)" (for Secure Web Site (SWS) and C:D submitters) or "Medicare ID" (for Mandatory Insurer Reporting (MIR)/ Voluntary Data Sharing Agreement (VDSA) submitters).
7.23	**Question:**
	Can a Retiree file include a combination of identifiers (Medicare Beneficiary Identifier (MBI), Health Insurance Claim Number (HICN), Social Security Number (SSN))?
	Answer:

ID	Plans Questions and Answers
	Yes, Plan Sponsors are able to submit different identifiers for different retirees depending on the information they have available.
Program Audits	
7.24	**Question:** What audit program areas are impacted by the change from Social Security Number (SSN) or Health Insurance Claim Number (HICN) to Medicare Beneficiary Identifier (MBI)?
	Answer: As of 2018, the only audit record layouts that require submission of Health Insurance Claim Numbers (HICN) are in the Formulary and Benefit Administration program area.
7.25	**Question:** When can sponsoring organizations begin to submit Medicare Beneficiary Identifiers (MBI) in program audit record layouts?
	Answer: Sponsoring organizations may begin to submit Medicare Beneficiary Identifiers (MBI) no earlier than April 1, 2018. Sponsoring organizations may submit MBI or Health Insurance Claim Number (HICN) in audit record layouts throughout the remainder of the 2018 calendar year.
Part D Coordination of Benefits (COB)	
7.26	**Question:** The annual full file replacement occurs in March but that date will be very inconvenient this year due to the New Medicare Card Project. Can the Centers for Medicare and Medicaid Services (CMS) reschedule it please?
	Answer: The Centers for Medicare and Medicaid Services (CMS) has received feedback indicating that a delay of the annual file would be helpful. Therefore, the 2018 annual full file replace has been tentatively rescheduled for the week of April 30,

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	2018.
7.27	**Question:** Can the Centers for Medicare and Medicaid Services (CMS) perform a full refresh of the Coordination of Benefits Contractor (COBC) file after the conversion is completed? **Answer:** A second full refresh is not planned. We do not expect that Coordination of Benefits (COB) payers perform a mass conversion of their pre-existing Health Insurance Claim Numbers (HICN) to Medicare Beneficiary Identifiers (MBI) with us. However, as of January 1, 2020 and going forward, all Coordination of Benefits Agreement (COBA) trading partners will be required to submit adds, changes/updates, and deletes to us using the MBI. We have internal cross-walking between the Benefits Coordination and Recovery Center (BCRC) system and the Common Working File (CWF) that will ensure that the MBI will be considered as the associated HICN so that pre-existing COBA eligibility records can be updated and new eligibility records can be added to our CWF. This also applies to Medicare Second Payer (MSP) COB processes.

Encounter Data Processing System (EDPS) & Risk Adjustment Processing System (RAPS)

ID	Plans Questions and Answers
7.28	**Question:** Will the transition from Health Insurance Claim Numbers (HICN) to Medicare Beneficiary Identifiers (MBI), also apply to the use of the HICN on the 837 encounter data that are submitted to the Centers for Medicare and Medicaid Services (CMS) for Risk Adjustment purposes? **Answer:** The Centers for Medicare and Medicaid Services (CMS) will continue to accept either the Health Insurance Claim Number (HICN) or the Medicare Beneficiary Identifiers (MBI) for ENCOUNTER DATA PROCESSING SYSTEMS (EDPS) and RISK ADJUSTMENT PROCESSING SYSTEMS (RAPS) submission post transition – January 2020.
7.29	**Question:** Will there be any ENCOUNTER DATA PROCESSING SYSTEM (EDPS) related errors for the Medicare Beneficiary Identifier (MBI)?

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	Answer: There will be no new ENCOUNTER DATA PROCESSING SYSTEM (EDPS) edits for the Medicare Beneficiary Identifier (MBI). Instead, the existing Health Insurance Claim Number (HICN) edits will also target the MBI.
7.30	**Question:** During the transition period if a Plan or Part D Sponsor submits a Health Insurance Claim Number (HICN) will the Centers for Medicare and Medicaid Services (CMS) respond with the Medicare Beneficiary Identifier (MBI) in the MAO-004 and MAO-002 files, etc.?
	Answer: During the transition period, ENCOUNTER DATA PROCESSING SYSTEM (EDPS) will respond with the beneficiary identifier that was submitted in the encounter data record by the Plan. For example, if a Health Insurance Claim Number (HICN) was submitted, the MAO-004 or MAO-001 reports would return a HICN. If a Medicare Beneficiary Identifier (MBI) was submitted, the MBI would be returned.
7.31	**Question:** Will the Medicare Beneficiary Identifier (MBI) also be replacing the Health Insurance Claim Number (HICN) on the MAO-004 reports that Medicare Advantage Organizations (MAOs) receive from the Centers for Medicare and Medicaid Services (CMS)?
	Answer: During the transition period, the MAO-004 Report will utilize the member identifier (either Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI)) that was submitted on the encounter. After the transition period has ended, it will display the MBI.
7.32	**Question:** Will the Centers for Medicare and Medicaid Services (CMS) accept the Health Insurance Claim Number (HICN) on a delete record (with 2019 DOS originally submitted using HICN during the transition period) submitted in 2020 (post transition period)?

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	Answer: As is currently the case, RISK ADJUSTMENT PROCESSING SYSTEM (RAPS) deletes must be submitted utilizing the identifier that was submitted on the original record. This will continue to be the case both during and after the Medicare Beneficiary Identifier (MBI) transition period, regardless of whether the MBI or Health Insurance Claim Number (HICN) is submitted on the original record.
7.33	**Question:** During the transition period, Plans can use either Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI) for submission. There could be instances when Plans have the same RISK ADJUSTMENT PROCESSING SYSTEM (RAPS) clusters in the submission file with the only difference being that one cluster is using HICN and the other is using MBI. Would this be treated as duplicate?
	Answer: These submissions will be considered duplicates if the only difference between the clusters is the use of the Medicare Beneficiary Identifier (MBI) versus the Health Insurance Claim Number (HICN).
7.34	**Question:** Will there be any RISK ADJUSTMENT PROCESSING SYSTEM (RAPS) errors or Model Output Report (MOR) errors related to the Medicare Beneficiary Identifiers (MBI)?
	Answer: These submissions would be considered duplicates if the only difference between the clusters is the use of the Medicare Beneficiary Identifier (MBI) versus the Health Insurance Claim Number (HICN). There will be a number of new RISK ADJUSTMENT PROCESSING SYSTEM (RAPS) errors in conjunction with the implementation of the MBI. For further information, please reference the December 22, 2017 Health Plan Management System (HPMS) memo "Updates to the Encounter Data System and Risk Adjustment Suite of Systems to Accommodate the New Medicare Card Project."
7.35	**Question:** For encounters submitted to the Centers for Medicare and Medicaid Services (CMS) , if a Plan submitted the original claim with a Health Insurance Claim Number (HICN), can adjusted and replaced claims be submitted with the Medicare

ID	Plans Questions and Answers
	Beneficiary Identifier (MBI)? This question applies to both the RISK ADJUSTMENT PROCESSING SYSTEM (RAPS) and the ENCOUNTER DATA PROCESSING SYSTEM (EDPS).
	Answer:
	For ENCOUNTER DATA PROCESSING SYSTEM (EDPS), adjustments can use either the Medicare Beneficiary Identifier (MBI) or Health Insurance Claim Number (HICN) during and after the transition period. For RISK ADJUSTMENT PROCESSING SYSTEM (RAPS), as is currently the case, RAPS deletes must be submitted utilizing the identifier that was submitted on the original record. This will continue to be the case both during and after the MBI transition period, regardless of whether the MBI or HICN is submitted on the original record.
	Question:
	If a Medicare Advantage Organization (MAO) does not implement the new file layout during the transition, will the files reject?
7.36	**Answer:**
	During the transition period, submitters may populate data files with either the Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifier (MBI), using the transition period to test and update their internal systems as necessary. After the transition period, only the MBI will be accepted on incoming ENCOUNTER DATA PROCESSING SYSTEM (EDPS) and RISK ADJUSTMENT PROCESSING SYSTEM (RAPS) files with the exception of RAPS deletes.
	Question:
	The current Centers for Medicare and Medicaid Services (CMS) requirement is that a RISK ADJUSTMENT PROCESSING SYSTEM (RAPS) DELETE must be sent with the HICN that was on the original RAPS ADD entry. After the Medicare Beneficiary Identifier (MBI) cutover date (1/1/2020), CMS will only accept MBIs on a RAPS ADD submission. Will Plans still be allowed to send the Health Insurance Claim Number (HICN) on DELETE entries on or after 1/1/2020?
7.37	**Answer:**
	RISK ADJUSTMENT PROCESSING SYSTEM (RAPS) deletes must be submitted utilizing the identifier that was submitted on the original record. This will continue to occur both during and after the Medicare Beneficiary Identifier (MBI) transition period, regardless of whether the MBI or Health Insurance Claim Number (HICN) is submitted on the original record.

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7.38	**Question:** If an original record is submitted with a Health Insurance Claim Number (HICN), should the replacement or void also have the same HICN as the original, even if the member has been assigned the new Medicare Beneficiary Identifier (MBI) number? **Answer:** For ENCOUNTER DATA PROCESSING SYSTEM (EDPS), adjustments can be utilized using the Medicare Beneficiary Identifier (MBI) or Health Insurance Claim Number (HICN) both during and after the transition period. Thus, MBIs could replace or void Eligibility Determination Requests (EDRs) submitted with the HICN, or vice versa. For RISK ADJUSTMENT PROCESSING SYSTEM (RAPS), as is currently the case, RAPS deletes must be submitted utilizing the identifier that was submitted on the original record. This will continue to be the case both during and after the MBI transition period regardless of whether if the MBI or HICN is submitted on the original record.
7.39	**Question:** Can submitters populate the older Health Insurance Claim Number (HICN) on voids and replacements, even after the cutoff date? **Answer:** The Health Insurance Claim Number (HICN) can be submitted on voids and replacements for ENCOUNTER DATA PROCESSING SYSTEM (EDPS) or for deletes in RISK ADJUSTMENT PROCESSING SYSTEM (RAPS) if the original cluster was submitted using a HICN both during and after the transition period.
7.40	**Question:** If the beneficiary has been assigned a new Medicare Beneficiary Identifier (MBI), can Plans start to populate this value on the encounters for the member immediately, or is there a cutover date only after which the MBI should be populated? **Answer:** Medicare Advantage Organizations (MAOs) should not submit Medicare Beneficiary Identifiers (MBI) prior to the Health Insurance Claim Number (HICN)/MBI transition period, which begins 4/1/18. For data submitted to RISK ADJUSTMENT PROCESSING SYSTEM (RAPS), MAOs will receive reject error code 360 when a

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	properly formatted MBI is submitted prior to this date. Data submitted to ENCOUNTER DATA PROCESSING SYSTEM (EDPS) using the MBI prior to 4/1/18 will hit the 277CA A7:164: IL edit. MAOs should not receive MBIs prior to 4/1/18.
7.41	**Question:** Can Plans assign the Medicare Beneficiary Identifier (MBI) even on encounters with older dates of service?
	Answer: The Medicare Beneficiary Identifier (MBI) can be submitted on any encounters or RISK ADJUSTMENT PROCESSING SYSTEM (RAPS) clusters, regardless of the date of service of the services being submitted.
7.42	**Question:** When is the implementation date to require the Medicare Beneficiary Identifier (MBI) in ENCOUNTER DATA PROCESSING SYSTEM (EDPS) and RISK ADJUSTMENT PROCESSING SYSTEM (RAPS) submissions and will there be a period where Plans might need to report both identification numbers until fully implemented?
	Answer: In the ENCOUNTER DATA PROCESSING SYSTEM (EDPS) and the RISK ADJUSTMENT PROCESSING SYSTEM (RAPS), Plans will report either the Health Insurance Claim Number (HICN) or the Medicare Beneficiary Identifier (MBI), but not both during post-transition. However, for deletes in RAPS that are related to adds where the HICN has been used in the add, the HICN will be required in the delete. For deletes in RAPS that are related to adds where the MBI has been used in the add, the MBI will be required in the delete.
7.43	**Question:** How will adjusted claims be processed if the original was processed under the member's old Health Insurance Claim Number (HICN) but the adjustment is under the new Medicare Beneficiary Identifier (MBI)?
	Answer: For the ENCOUNTER DATA PROCESSING SYSTEM (EDPS), adjustments can utilize either the Medicare Beneficiary

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	Identifier (MBI) or Health Insurance Claim Number (HICN) during and after the transition period. Thus, MBIs could replace or void Eligibility Determination Requests (EDRs) submitted with the HICN, or vice versa. For RISK ADJUSTMENT PROCESSING SYSTEM (RAPS), RAP deletes must be submitted utilizing the identifier that was submitted on the original record. This will continue to be the case both during and after the MBI transition period regardless if the MBI or HICN is submitted on the original record.
7.44	**Question:** Can a Plan submit Replacement/Void/Delete records for ENCOUNTER DATA PROCESSING SYSTEM (EDPS) and RISK ADJUSTMENT PROCESSING SYSTEM (RAPS) with a Medicare Beneficiary Identifier (MBI) when the original transaction included the Health Insurance Claim Number (HICN)? **Answer:** Yes. For ENCOUNTER DATA PROCESSING SYSTEM (EDPS), adjustments (Replacements, Voids, Deletes, Chart Reviews) can utilize the Medicare Beneficiary Identifier (MBI) or Health Insurance Claim Number (HICN) both during and after the transition period. Thus, MBIs could replace or void Eligibility Determination Requests (EDRs) submitted with the HICN, or vice versa. For RISK ADJUSTMENT PROCESSING SYSTEM (RAPS), as is currently the case, RAP deletes must be submitted utilizing the identifier that was submitted on the original record. This will continue to be the case both during and after the MBI transition period, regardless of whether the MBI or HICN is submitted on the original record.
7.45	**Question:** What changes are being required by the Centers for Medicare and Medicaid Services (CMS) in terms of the 837 file to accommodate for the HICN to Medicare Beneficiary Identifier (MBI) transition? **Answer:** There will be no changes to the current format of the 837 file to accommodate the Medicare Beneficiary Identifier (MBI) transition. Submitters will submit the MBI in the same fields they currently submit the Health Insurance Claim Number (HICN), and the edits that currently trigger against the HICN will continue to do so against the MBI.
7.46	**Question:** Are the RISK ADJUSTMENT PROCESSING SYSTEM (RAPS) and ENCOUNTER DATA PROCESSING SYSTEM (EDPS) on the same

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	Health Insurance Claim Number (HICN) conversion timeline for the implementation?
	Answer: While ENCOUNTER DATA PROCESSING SYSTEM (EDPS) and RISK ADJUSTMENT PAYMENT SYSTEM (RAPS) are following the same Medicare Beneficiary Identifier (MBI) start date of 4/1/18, the systems may utilize their own indefinite transition period, potentially allowing for the submission of HICNs past the 12/31/19 deadline.
7.47	**Question:** Does the Centers for Medicare and Medicaid Services (CMS) plan on using a qualifier for the Medicare Beneficiary Identifier (MBI)? Or how does CMS plan to distinguish between the Health Insurance Claim Number (HICN) and MBI if they choose not to use a qualifier?
	Answer: Due to the clearly distinguishable format of the Medicare Beneficiary Identifier (MBI) from the Health Insurance Claim Number (HICN), there is no need for a qualifier while submitting the MBI. Submitters will be able to submit the MBI in the same fields they currently submit the HICN.
7.48	**Question:** Will all RISK ADJUSTMENT PROCESSING SYSTEM (RAPS) and Risk Adjustment Suite of Systems (RASS) reports return the submitted Member ID that was submitted by the Plans in the CCC record?
	Answer: Yes, all RISK ADJUSTMENT PROCESSING SYSTEM (RAPS) supports will return the submitted member ID that was submitted by the Plans in the CCC record. However, this is not true for all Risk Adjustment Suite of Systems (RASS) reports, as the Model Output Report (MOR) will contain the Health Insurance Claim Number (HICN) prior to the end of the Medicare Beneficiary Identifier (MBI) transition period, and the MBI only after the transition period has concluded. For further information on the MBI and ENCOUNTER DATA PROCESSING SYSTEM (EDPS)/ RAPS, please see the December 22, 2017 Health Plan Management System (HPMS) memo "Updates to the Encounter Data System and Risk Adjustment Suite of Systems to Accommodate the New Medicare Card Project".

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7.49	**Question:** Will there ever be a need to support a transaction with the Health Insurance Claim Number (HICN) after a member is issued an Medicare Beneficiary Identifier (MBI)? **Answer:** Yes, Plans will need to maintain the Health Insurance Claim Number (HICN) in order to support Coordination of Benefits (COB) transactions with other payers and for appeals processing. For DRUG DATA PROCESSING SYSTEM (DDPS), the Centers for Medicare and Medicaid Services (CMS) allows Plans to submit a HICN indefinitely, but CMS will return the Medicare Beneficiary Identifier (MBI) in the PRESCRIPTION DRUG EVENT (PDE) return file and the MBI will be provided on the reports. MBIs will be provided in reports from the Payment Reconciliation System.

8.0   OTHER QUESTIONS

ID	Other Questions and Answers
8.1	**Question:** Will Crossover claims sent to Medicaid agencies include the Medicare Beneficiary Identifier (MBI) and Health Insurance Claim Number (HICN) during the transition period? Can providers and hospitals assume that claims will include just the MBI after the 21-month dual use period ends?
	Answer: We are working closely with other payers, State Medicaid Agencies, and supplemental insurers to make sure the crossover claims process will still work like it does now. During the transition period, we'll process and transmit Medicare crossover claims to other health insurance organizations with either the Health Insurance Claim Number (HICN) or Medicare Beneficiary Identifiers (MBI).