

Centers for Medicare & Medicaid Services
Special Open Door Forum
New Medicare Card Project – Clearinghouses and Vendors
Moderator: Jill Darling
September 12, 2017
2:00 p.m. ET

Operator: Good afternoon, my name is (Shawn) and I'll be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare & Medicaid Services New Medicare Card Project Special Open Door Forum, a presentation for Clearinghouses and Vendors.

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

Jill Darling, you may begin your conference.

Jill Darling: Thank you, (Shawn). Good morning and good afternoon, everyone. I'm Jill Darling in the CMS Office of Communication. We, as always, we appreciate your patience as number of folks are trying to dial in and we collect a good amount of information from you. So thank you again for your patience.

Before we get into today's presentation, I have one brief announcement, the 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 any inquiries, please contact CMS at Press@cms.hhs.gov.

And now, I will hand the call over to Monica Kay.

Monica Kay: Good afternoon, everyone. Thank you for attending this presentation on the new Medicare Card Project. Myself, along with a lot of colleagues in the room would like to present information on the implementation and activity that we will have regarding the new Medicare Card Project.

Please note that the presentation will be posted on our website under "Get Ready, Open Door Forum Recap", and you can find that on our cms.gov website. And I will provide you with that website at the end of the presentation. So let's get started.

So the Health Insurance Claim Number is a Medicare beneficiary identification number. It's use for processing claims and determining eligibility for services across multiple entities. This includes the Social Security Administration, the Railroad Retirement Board, State Medicare providers and health plans.

As a part of the Medicare Access and CHIP Reauthorization Act of 2015 that mandated the removal Social Security Number-based taken from the Medicare card to address the current risk of beneficiary medical identity theft. So from that legislation, it requires that CMS must mail out new Medicare card with a new Medicare Beneficiary Identifier or MBI by April of 2019.

Some of our goals in this activity includes increasing or, excuse me, decreasing Medicare beneficiaries' vulnerability to identity theft by removing that SSN-based HICN from their Medicare identification card and replacing it with a new Medicare number. By doing this, we seek to minimize the burden to our beneficiaries, providers, minimize disruption to our Medicare operation and provide a solution to our business partners that allows usage of the HICN and/or new Medicare number for our business critical data exchanges. And of course, we must manage the cost, scope and schedule for the projects.

So this involves a lot of coordination between our providers, partners and beneficiaries. CMS will address complex system changes for over 75 systems in-house. We will conduct extensive outreach and education activities, and analyze the many changes that will be needed to our business and system processes.

Some of our affected stakeholders include our federal partners, states beneficiaries, providers and plans, as well as other key stakeholders such as billing agencies, advocacy group, data warehouses, clearinghouses like yourself and other vendors. We have them working closely with our partners and stakeholders to implement the new Medicare Card Project.

So what does this mean, this implementation? We have to do three key things and we must have the following capability. The first is that, we must generate Medicare beneficiary identifier or MDI for all of our beneficiary. This includes existing beneficiary currently active decease and archive, as well as new beneficiary coming into the program.

We must also issue new redesign Medicare cards. This new card will contain that new Medicare Beneficiary Identifier for our existing and new beneficiary. Lastly, we must modify our system and business processes. We have to update our systems and processes to accommodate the receipt, transmission, display and processing of that new MBI.

CMS plan to use our MBI generator to assign over 150 million MBIs in the initial enumeration, this includes 60 million active and 90 million decease and archive, and generate a unique MBI for each new Medicare beneficiary. We also have to generate a new unique MBI for any Medicare beneficiary whose identify has been compromised.

So a couple of differences between the healthcare insurance claim number and the new Medicare Beneficiary Identifier. The HICN includes the primary beneficiary account folder, Social Security Number plus the Beneficiary Identification Code of BIC, is (a nine by) SSN plus a one or two (by BIC), key positions 1 through 9 or numeric. The new Medicare Beneficiary Identifier or MBI will be a new non-intelligent unique identifier. It will also be 11 bytes and key positions 2, 5, 8 and 9 will always be alphabetic.

When you see the presentation, you'll see an example of the health insurance claim number and the new MBI. Please note that when you see that, they're fictitious and the dashes are used for display purposes only.

The new Medicare Beneficiary Identifier or MBI, we'll have the following characteristics. It will have the same number of characters as the current health insurance claim number, or HICN, which is 11 but will be visibly distinguishable from the HICN. It will contain upper case alphabetic and numeric characters throughout the 11 digit identifier. It will occupy the same field as the HICN on transactions.

As a point of know, it will unique to each and every beneficiary. For example, the husband and wife will have their own MBI. The MBI will be easy to read and limit the possibility of letters being interpreted as numbers, and it will exclude the letters S, L, O, I, B, Z. The MBI will not contain any embedded intelligence for special characters, nor will it contain any appropriate combinations of number or stream that maybe offensive.

CMS does not anticipate changing that MBI unless than MBI has been compromised. For other limited circumstances that are still undergoing review with CMS.

CMS plans to have a transitioned period of 21 month where we will use the HICN and MBI for processing. In January of 2018, we plan to activate our MBI generator and translation services. In April of 2018, our transition period begin. This will also be the start of our card mailing date.

On April 2018 through December 2019, we will accept and process both the HICN and MBI on transactions. And from April of 2018 through April of 2019, we will conduct our (phase) card mailing through our beneficiaries with the new MBI on that healthcare Medicare card.

As of January 1st, 2020, health insurance claim numbers will no longer exchange with beneficiaries, providers and plans with some limited exceptions that we'll talk about in a few minutes.

Again, we plan to have a transition period that will run through April of 2018 through December 31st of 2019. CMS will complete its systems and process update to be ready to accept and return the MBI on April 1st of 2018 when card mailing will begin. All stakeholders who submit or received transactions

contain the health insurance claim number must modify their processes and systems to be ready to submit or exchange the MBI by April 1, 2018.

Stakeholders may either submit an MBI or HICN during the transition period. CMS in turn will accept neutral processing and return the stakeholders either the MBI or HICN which ever is submitted on the claims during that transition period. And again, CMS will actively monitor the use of HICNs and MBIs during the transition period to ensure that everyone is ready to use MBI-only by January 1st, 2020.

So during transition, CMS is making changes so that when a provider checked the beneficiaries' eligibility, the CMS HIPAA Eligibility Transaction System, or HETS, will return a message on the response indicating that CMS has mailed that particular beneficiary, their new Medicare card. Also, beginning October 2018 through the end of transition period, when a valid and active HICN is submitted on a Medicare fee-for-service claims both the HICN and MBI will be returned on the remittance device.

MBI will be in the same place you currently get the changed HICN which is 835 loop 2100 segment (N and 1), which is the corrected patient or insured name, as well as field (N109) which is the identification code.

During the transition period, we'll process all of the claims with either a HICN or MBI even when both are in the same batch. Also during transition for Medicaid and supplemental insurers, we'll give state Medicaid agencies and supplemental insurers the MBI for Medicaid eligible people who also have Medicare before we mailed a new Medicare card. During the transition period, we'll process and transmit Medicare crossover claims with either the HICN or MBI.

We also have segment of the population that are Railroad Retirement Board are lead beneficiaries. And beginning in April 2018, we'll return a message on that eligibility transaction response for RRB patients. The message will say, "Railroad Retirement Medicare Beneficiary". And this will go in 271 loop – on the 271 loop 2110C segment MSG for message.

The RRB will continue to send card with the RRB logos but you won't be able to tell from looking at that MBI if the beneficiaries are eligible for Medicare because they're Railroad retirees. Medicare providers must program their system to identify Railroad retiree beneficiary so that they know to send those claims to our specialty Medicare Administrative Contractor.

Also during the transition, to out private payers, for non-Medicare business, private payers won't have to use the MBI. We'll continue to – use supplemental insurers unique numbers to identified our customers but after the transition period. Supplemental insurer must use MBI or any Medicare transactions where they would have use the HICN.

In addition, CMS is working to develop capabilities where providers will be able to access a beneficiary's MBI or Medicare Beneficiary Identifier through a secure Look-Up Tool at the point of service. And instances in which a beneficiary does not have a Medicare card at the point of care, we believe that this Look-Up Tool will give providers a mechanism to access a beneficiary's MBI securely without disrupting their workflow.

Here are some of the exceptions that will be put in place after the transition period. Beneficiaries, providers and plans will no longer use a HICN for internal and most external purposes. However, we'll still be able to use a HICN in these situations, for our Medicare plan. For appeals, you can use either; the HICN or MBI or claims appeals and their related forms. Adjustment, you can use the HICN indefinitely for some systems. This includes drug data processing, risk adjustment processing and encountered data for all of our record not just the adjustment.

Another exception includes reports. We will use the HICN on the report until further notice. This includes reports that are incoming to us, for example, quality reporting and our disproportionate share hospital data request or outgoing, which include our providers' statistical and reimbursement reports and our accountable care organization reports.

Additional exception after the transition period includes, again, appeal where you can use either the HICN or MBI for our claims appeals and related form

for our fee-for-service claims, as well as (span) date claims. Claims where you have HICNs on your 11X inpatient hospital, 32X home health, 41X will be just non-medical. If the prompt date is before the end of the transition period of 12/31/19, you will be able to submit those claims received between April 1st, 2018 and December 31st, 2019 using the HICN or MBI.

And if the patient starts getting services and inpatient hospital, home health or religious non-medical health care institution before December 31st, 2019 but stop getting those services after December 31, 2019, you may submit a claim using either the HICN or the MBI even if you submit it after December 31st of 2019.

Other exceptions include incoming premium payment. Some people with Medicare who don't get SSA or RRB benefit and submit premium payment should use MBI on – in some premium remittances. But CMS will accept the HICN on incoming premium remittances after the transition period. And this includes Part A, Part B premiums, and Part D income related monthly adjustment amount.

So now let's talk about the new card issuance. As stated before, CMS will begin mailing new cards in April 2018 to meet Congressional deadline for replacing all Medicare card by April of 2019. The gender and signature line will be removed from the new Medicare card. The Railroad Retirement Board will issue new card to their RRB beneficiary.

And we are working with the state that currently includes the HICN on their Medicare card to remove the Medicare ID or replace it with an MBI. And of course CMS will conduct intensive education and outreach to all Medicare beneficiaries, their families, caregivers and advocates to help them prepare for this change.

Some of our outreach and education include conversations with approximately 60 million beneficiaries in their advocacy group and caregivers, health plan, the provider community, states and territories and other business partners that is yourself, vendors and clearinghouses.

CMS plans to (involve) all of our business partners in our outreach and education efforts through their existing vehicle for communication, such as today's conversation via our special open door forum, our health plan management system notices and our Medicare Learning Network Connects article.

Beneficiary outreach and education will include the beneficiaries obtaining information about their new card in the 2018 "Medicare & You" handbook they will receive this October. Once they received their new card, beneficiaries will be instructed to safely and securely destroy their own Medicare card and keep the new Medicare number confidential.

A robust broad-based outreach and education campaign aimed at the beneficiary will begin with the mailing of the "Medicare & You" handbook in September of 2018, 2017 which is now, and we'll continue through April of 2019. And CMS is also working to develop a secure way for beneficiaries to be able to access their new Medicare number when it is needed.

So here is with providers and clearinghouse and vendors need to know to get ready for the new MBI. We're asking to subscribe to the weekly MLN Connects news letter for updates and new information. We're also asking were possible to verify your patient's addresses.

If the address you have on file is different in the address that you get in electronic – eligibility transaction responses, we're encouraging providers to obtain their patient's correct address and to go through SSA using the SSA/MyAccount.

We're also reminding that people with Medicare that Medicare will never contact you or request your personal information, and that they should protect their new Medicare number like if the credit card and only shared with trusted providers.

We're also asking you to get ready to use a new MBI format. To make sure that your billing and (office staff), if the system can accept that 11 digit alphanumeric MBI. And for the vendors that bill Medicare to ask them about

their MBI practice management system changes to make sure that they're ready for the change. And of course we're asking practices and health care facility to visit our website at <https://www.cms.gov/newcard>.

And here is where we really need you. As a result to some of our conversation and consumer testing, we examine the general message and reaction to some of our beneficiaries maybe getting. It was a mixed of location, demographics, language and cover sites. And some of those findings help us shape the messaging that we'll be sharing with our beneficiary.

And general reactions were positive. It was a good thing to do. We went to ensure that folk protects those identities. It was smart. It was helpful and it was overdue.

And some of the concerns that were expressed among participants is there are connection with the Medicare Advantage Plans and how that would work. And some who may not used their card for reference but only use their Social Security Number as ultimate form of identification.

So a couple of messaging that works and you can also find this on our website, is some of the language that you can use where the Medicare card has a new Medicare number in understanding what that means. And that Medicare is removing Social Security Numbers from Medicare card.

We also have language that speaks to Medicare will mail you a new card and that this change will help you protect your identity. Some of the key words that we use with some – our beneficiary conversation is a unique numbers, a number that unique to you. And that once they get their new card to destroy their own card and to start using that new card right away. And, of course, our language around the card mailing that will occur between April 2018 and 2019, and protecting themselves making sure that no one can get their personal information from their card.

Under key points that we want to share with you today is that, the new card mailing will take sometime and that some beneficiaries may get this information from a different time than their neighbors. Again, we're asking our stakeholders to assure that the addresses are up to date, and to direct

beneficiary to Social Security Agency to change their address, and also making sure that we are sharing with beneficiaries that no one will ever contact you about your new Medicare card and that we will never ask for that information over the phone.

Some key points for outreach just so you're aware of what CMS is doing is that, between now and the end of September, we have our general messaging as well as our card awareness that includes our "Medicare & You" handbook that will be mailed out. We will also be providing educational materials and a detailed webinar for our partners and stakeholders.

Of course, October 2017 is our customary open enrollment timeframe. And in January 2018 through March 2018 is where we start to gear up, for our pre-mailing outreach to our beneficiary and our providers where we would show materials regarding our Medicare card rollout.

As I said before, April 2018 through April 2019 is our card mailing period, so we will begin mailing those cards and having a localized information sharing and messaging on my Medicare.gov, 1-800-Medicare and other avenues for dissemination.

Again, some key words about fraud and reinforcing that we will never ask beneficiary for their information, and that we make sure that that beneficiary knows that they should not share that Medicare number or other personal information with anyone over phone or e-mail or by approaching you in person. And we're starting our "Guard Your Card" advocate – ad campaign currently to introduce that new Medicare cards are coming and that will ties to protecting person's information.

We have a few milestone that we have going forward. So right now, we're asking that providers prepare and test their systems and processes, to be able to use the MBI by April of 2018. We also asking those providers to reach out to the vendors, to contact them to make sure that they're practice management system changes are being done and tested.

As stated before, we will be mailing the "Medicare & You" handbook out in September of 2017. And as we move on to 2018, in April of 2018, all systems

and processes must be ready to accept the MBI because that is when we will have our card mailing begins.

From April to December 31st of 2019 is our transition period. In October of 2018, we will begin to return the MBI on remittance devices. And then, by January 1st of 2020, that in our transition period and begins the use of MBI primarily of data exchanges, with the limited exceptions that we're taken before.

I wanted to thank everyone for participating in this discussion today. I know this was lot of information to get in a short amount of time. Please note that we will check out our Medicare website for information, <https://www.cms.gov/newcard> and we'll have all of our information as well as for our provider plan, stakeholders and other E-points that we want to share with you, along with this presentation.

Please, as you're doing today, participate in our open door forum, and we will let you know when other calls is scheduled, one MLN Connects for our providers. And if you have any questions after this, please submit them to our new Medicare card, SSN removable at [cms.hhs.gov](https://www.cms.gov). Jill?

Jill Darling: Thanks, Monica. And (Shawn) will open the line for Q&A, please.

Operator: Absolutely. As a reminder ladies and gentlemen, if you'd like to ask a question please press star then the number on your telephone keypad. If you would like to withdraw your question please press the pound key.

Please limit your question to one question and then one follow-up to allow other participants have their questions. If you require any further – through their follow-up question, you may press star one again and rejoin the queue.

Your first question comes from the line of (Trish Anthony) with Regional Counseling Center. Your line is now open.

(Trisha Anthony): Yes, good afternoon. Thanks so much for all of the information today. It's been very helpful.

I may be jumping ahead a little bit down the process. I work in outpatient mental health, that's what we do here and I do the billing for our organization. With the type of consumers that we have coming in, a lot of times, they are not even aware that they have a Medicare, sometimes we only find that out once we pulled their information off of Provider Connect or PROMISe website.

Is there going to be anyway to more easily look and tract to find out if somebody has Medicare? Because right now sometimes we can kind dupe the system so to speak by putting in their social and the letter A, you know, on the Novitasphere and then – and sometimes we get a hit.

Is there going to be any other way to find that information if somebody doesn't bring in their card or they're not even aware that they have it? I hope that makes sense.

Tricia Rodgers: Hi. Thanks to your question. Yes, it does make sense. This is Tricia Rodgers.

And there are a few way you could check Medicare eligibility. If you're facility has access to the HIPAA Eligibility Transaction System, or HETS, that Monica mentioned earlier, you can check on beneficiary eligibility, Medicare eligibility.

We have a letter going in the mail as we speak, that are Medicare Administrative Contractors (MACs) are sending out, and there is information in that on how to get access to your Medicare Administrative Contractor's provider portal. And beginning in June 2018, you will be able to look up an individual beneficiary's MBI, when you have data points that you submit after you authenticated through your MAC's provider portal.

There's also beneficiary access through a couple of different ways but if the population you're speaking of it, they might not be able to do that. Then there are point of care access places that you can look. You can check for actual Medicare eligibility, I hope that helps answer you question.

(Trish Anthony): That does. Just to go back to that a little bit though, you had mentioned when you first started answering my question, is there a place now that I can be going to get this information? I'm fairly new to billing in our agency and the only way I've ever know is to go on to Novitasphere. You had mentioned the HETS.

Tricia Rodgers: So, HETS won't give you the MBI but HETS will give you Medicare eligibility information.

(Trish Anthony): Right. But it won't give us like their identifying number as it is now.

Tricia Rodgers: Well – so right now ...

(Trish Anthony): That's – like right now, the only way I can look up somebody's number, they try to get a number if they don't have one. Or I mean, if they do have one, but they may not be aware is that by go on Novitasphere and check to see if I can pull them up by name, date of birth. And, you know, plug in their Social Security Number with like an A or a C1 or, you know, B something like that.

Is there another way that I can be checking on that perhaps?

Tricia Rodgers: Right. So with – so it sounds like Novitas is your MAC and you will be able to use the data elements through the Novitas' portal ...

(Trish Anthony): OK.

Tricia Rodgers: ... to Look-Up and get the MBI beginning in June 2018.

(Trish Anthony): Oh OK. And how we will lookup that information? It would be like just putting in their name and date of birth?

Tricia Rodgers: Yes. It's name, date of birth and Social Security Number. First name, last name, date of birth and Social Security Number.

(Trish Anthony): OK. Then that would pull-up their identifying, their MBI number at that time.

Tricia Rodgers: It will.

(Trish Anthony): Awesome, because we don't have that availability right now or at least I'm not aware of it. So this is going to make a huge difference for our agency anyway.

(Tricia Rodgers): Great, glad to help.

(Trish Anthony): Wonderful. Thank you so much.

Operator: Your next question comes from the line of Mike Denison with Change Healthcare Tennessee. Your line is now open.

Mike Denison: Hi, everyone. Thanks for taking our call, our questions.

We did submit seven questions and we'll start with the one that's of primary interest. And that is around crosswalks for entities such as ourselves that provide value-add services and solutions to many of the contracted, you know, government entity such as medical advantage organizations, Medicare advantage organizations or, you know, state Medicaid.

And obviously, we have a lot, you know, other value-add services such as for pharmacy providers and, you know, their reliance on the HICN as the primary identifier for patient history. So our question is, you know, will a crosswalk be available on the HICN and MBI for entities such as ourselves to continue those value-add services in a continuous manner without disruption.

Monica Kay: Hi. This is Monica responding back to you. And we did receive your questions. We are in a process of researching to make sure we are giving you accurate information.

So I would say for the seven questions that you did ask, we're currently researching them now and we'll get back to you with those answers. I'm sorry I can't provide you something right now.

Mike Denison: That's fine. That's sounds good. And obviously, reach out to me if you need to, to provide any clarification or further information.

Monica Kay: Excellent. Thank you so much.

Mike Denison: Thank you.

Operator: Your next question comes from the line of (Mary Brown) with (CareOne).
Your line is now open.

(Mary Brown): Hi. Thank you for taking my question. I was just hoping to get a little more clarification on when the marketing items to beneficiaries are going to be available, the posters and I (saw it) mentioned on the website.

Monica Kay: Yes. This is Monica again. We're currently again in a process of finalizing the development of those materials. And we will definitely let our providers and stakeholders know when they're available. And make sure you have the link in which to access or order them.

(Mary Brown): Thank you so much.

Operator: Your next question comes from the line of (George Herdstein) with NextGen Healthcare. Your line is now open.

(George Herdstein): Hi, thank you. Actually, this is sort of a follow-up on the first question about the alternate search options and we're practicing input system mainly to the provider or professional side of things.

So you mentioned HETS as an option for receiving eligibility. But my understanding of HETS requires the actual member ID to be submitted. Now today, well, we do – we're an active submitter with HETS and we do use the social for an alternate search option when searching for coverage when it's not known like in the example that was given.

We have many clients that deal with mental health and situations where a patient doesn't understand that coverage, doesn't understand they're even, you know, that they have Medicare coverage. So they're not going to have the member ID going into the office.

From your answers, what I understand is that there's going to be a provider portal that you're going to be able to look up basically what we're doing with HETS today, which is a transaction that utilizes the Social Security Number.

So am I correct in assuming that you're going to no longer support the Social Security Number with that? You no longer going to support this automated 270-271 transactions for your vendors, but you're going to support of provider portal, is that the only option that clients are going to be given?

(Rich Cuchna): Yes, this is (Rich Cuchna). And through the transition period up until January 1, 2020, you'll be able to submit either the Medicare Beneficiary Identifier or the health insurance claim number through the 270, 271 HETS transaction. Effective January 1st, 2020, the end of the transition period, we will only be able to use the Medicare Beneficiary Identifier with the name and the date of birth and look all through our algorithm. And if they matched, we will give you a response.

If the patient does not have their Medicare Beneficiary Identifier, we are going to use the Medicare Administrative Contractor's portal. Every portal will have this access to be able to do a name, date of birth and Social Security Number look up and return the Medicare Beneficiary Identifier to you.

We're mainly using that capability because of the different features that are available in the portal.

(George Herdstein): OK. Little clarification on what you first said. Now, the Look-Up, did you mention that there would be a main date of birth, Look-Up with the HETS or did I mishear that?

(Rich Cuchna): This is (Rich) again. There will not be a name and date of birth lookup through in 270-271 eligibility transaction.

(George Herdstein): OK. So I assume that CMS and you guys realize what you've done here, but basically what you're doing is pushing vendors out of their automated services for providers.

I think I could just go on record as to saying that it's been a huge intrusion upon how do business today, to ask a provider to actually go to your portal is really in my world that's unacceptable that providers would go to payer portals to receive this information.

If there's anyway I could object to you no longer supporting those alternate search options, I would love to do so. I think this is a little big disservice to our providers and I don't think our providers really understand that – what this is really going to do to their business.

(Rich Cuchna): This is (Rich) again. And we are doing a very aggressive outreach campaign to Medicare beneficiaries to make sure that they understand that they need to bring their new cards with them when they go to see their healthcare provider.

We understand that today there are some reluctance maybe sometimes to carry those health insurance cards with them because it contains their Social Security Number. But now we're going to encourage them to make sure that they carry their card with them. They protect it like their credit card. But – that they can give that card to their healthcare provider so that the healthcare provider will have the Medicare Beneficiary Identifier, and the name, and the date of birth so that they can do their normal Look-Up through the HETS system, the 270-271.

We feel that the – in the rare situation that the beneficiary may not bring their card with them or they're not able to provide their card that the MAC portal where it's not a computer to computer transaction. It is somebody actually keying in the beneficiary's name, date of birth and Social Security Number and getting back a response will meet the needs of provider community. But we'll definitely take your concerns under consideration and consider that in the future.

(George Herdstein): Yes. I mean, when you're dealing with homeless and you're dealing with people that don't have the option of carrying the card with them, I think you're dealing with a little bit different marketplace. And it really to speak to supporting of alternate search option to see with just simply support an alternate search option that didn't involve the member ID.

You'd be doing a huge service to your providers. I get that computer-generated conversation. It's bigger than this conversation but, you know, from an EDI standpoint, this is a step back to 2002 as far as I'm concern. I really wish you guys wouldn't do this.

(Rich Cuchna): OK. Thanks a lot for your feedback and we'll consider that.

Jill Darling: OK, next question please.

Operator: And your next question comes from the line of (Barry Swanson) with HCA Healthcare. Your line is now open.

(Barry Swanson): Thank you for the call today and for taking my question. And my question is I think fairly simple, the acronym MBI, that going to be one that we're going to see on patient advertisement and those kind of things or is that going to be purely kind of an internal reference? And the reason I asked is it mean something different in the acronym list it's on the cms.gov site.

Monica Kay: Hi. Thanks for your question. So, MBI or the Medicare Beneficiary Identifier will be used for internal. This isn't the acronym that we share with our providers internal processing. For the beneficiary public, we're just calling it a Medicare number and that's what the messaging that will be shared with beneficiary. It's also the phrase that most resonated during our research and focus groups that we conducted.

(Barry Swanson): Thank you for that and I agree with you. So I appreciate that information. Good to know.

Monica Kay: Thank you.

Operator: And again, if you have a question, star then one on your telephone keypad.

Your next question comes from the line of (Rachel Smith) with Shared Solutions. Your line is now open.

(Rachel Smith): Hi. Thank you so much for taking my question. I actually wanted to circle back to, the first question, you had mentioned that there would be beneficiary access for the patient themselves to access this information. This is a very kind of – probably the most important part of what it is that we do here which is more patient contact list, provider contacts, for them to understand their benefits and things.

We have a lot of patients from various backgrounds with neurology and different psychology field. Do you have – do you know which, like is the (COB) line going to offer them their alternate number or is there going to be another tool or portal that they can use to access it if they don't receive it. For instances, like, homelessness or moving and they just didn't get their information. Is that makes sense?

Monica Kay: Yes, it makes sense. So the avenue for beneficiary to obtain their MBI, the first thing will be the card mailing bill. Whatever address that they have on record with SSA is where we are going to mail to.

(Rachel Smith): Right.

Monica Key: So that's the first reference. On the second one is mymedicare.gov. If they have the ability to go online, days will be able to print their cards from mymedicare.gov. So that's the second one.

The other thing is that they can call 1-800-Medicare if they haven't received their cards to get a replacement card in the mail or their notice which will take a couple of days. And again, it will be sent to the address that's on record. And that's the way that they're going to obtain their information.

And then on the provider side, they'll have the ability to use the Look-Up Tool that (Rich) stated before as well as some provider that they already have the (inaudible) established client as they bill them, they'll get that MBI on the remittance advice or the transaction 835.

(Rachel Smith): OK. So nothing like in the patient advocacy field to kind of help them – I'm like – what I mean more is – like for – the homeless is a very good example and the fact that their addresses ever changing or no internet access and that kind of thing, would it just be something where we would call with them to 1-800-Medicare or is there going to be another avenue where we can help them that way? Just to provide it for them.

Monica Kay: We're working on giving guidance out to beneficiary advocacy organizations and beneficiary themselves. And looking at all the avenues and what will occur once we mail the cards.

(Rachel Smith): OK.

Monica Kay: So we will be coming out with more information and more direction as we get close to the card mailing.

(Rachel Smith): OK, thank you.

Operator: Your next question comes from the line of (Deb Webber) with CareFirst.
Your line is now open.

(Deb Webber): Thank you. Appreciate the information this afternoon. I had a question about the Medicare ID. The material seems to indicate that the outside characters are upper case. And so, we're wondering if it's a system requirement that, you know, it is indeed case sensitive.

Monica Kay: I would print for all uppercase letters in your system. They will be all uppercase for the MBI to exclude the letters S, L, O, B, I and Z.

(Deb Webber): OK. Thank you for that. And then, I did have a follow-up related to – sort of related to that. The new Medicare card, do you know when you're going to publish what the new look and feel is going to look like? We do have some marketing materials here for our Medigap enrollment where we show that. And we were kind of, you know, looking forward to updating our material.

Monica Kay: Oh, stay tuned. Hopefully, you'll have some information soon.

(Deb Webber): OK, thank you very much.

Operator: Again, if you have a question, star then one on your telephone keypad.

And your next question comes from the line of (Beth Volski) with Experience Health. Your line is now open.

(Beth Volski): Thank you very much. Good afternoon, everybody. I have two points that I just want to make certain that I heard correctly today. The first is that through HETS beginning in April, that you can send either the HICN or the MBI and both numbers will be returned.

(Rich Cuchna): This is (Rich). When you submit your transaction in HETS, you can submit either the HICN or the MBI. And based – on if the HICN or the MBI matches with our criteria for the name and the date of birth, we will give back the response that we normally give back today.

And on that response, either the HICN or the MBI will be the identifier that is returned on that response, depending upon what you submitted on that incoming 270.

(Beth Volski): OK. And that's what I had heard previously, but I thought I heard something a little different today.

(Rich Cuchna): OK. No, that's what we're – whatever submitted on the 270 will be what you get back on the 271 response. What additional would be coming back on the 271 response though, is once we've mailed the cards to the beneficiary.

(Beth Volski): Correct.

(Rich Cuchna): And if you submit a health insurance claim number on that transaction and we know that the card has been mailed, we will notify you to let you know that you should start asking for the card from the beneficiary because we've mailed the card.

(Beth Volski): So you just said something I want to clarify. If we include a claim number on the 270, that message will be returned. Is that correct?

(Rich Cuchna): No. I was referencing the HICN, the health insurance claim number.

(Beth Volski): Oh, OK. OK. I'm sorry. I'm good. I'm good. So if we return – if we send you a HICN and you return the HICN but you've mailed a card, you will comment in the message segment that you've mailed a card.

(Rich Cuchna): Correct.

(Beth Volski): OK. OK. I'm clear on that one. The second one, I'm with the former questionnaire, was I correct in understanding that after the transition program; I guess that's January 2020, correct?

Monica Kay: That's the end of the transition period. That's right.

(Beth Volski): OK. That HETS will only support a name, date of birth and MBI 270. However, the MACs through their web portals are going to support being able to send a name and date of birth only and get an MBI returned.

(Rich Cuchna): No. So beginning January 1st, 2020, through the HETS transaction, you're correct that it will be the Medicare Beneficiary Identifier, the MBI, the beneficiary's first and last name and their date of birth and we will go through the same algorithms that we go through today. So if you look our companion guide, you will see that the different search functions that we support for the 270-271 transaction.

With the Medicare Administrative Contractor portals that every Medicare Administrative Contractor has, there will be – for those situations where the beneficiary doesn't have their card and cannot produce their card and doesn't know their number. So we will allow a capability where somebody can log in to that portal with their user ID and password, with the multifactor authentication through those portals.

And beginning in June of 2018, providers will be able to input beneficiary's first name, last name, date of birth, and Social Security Number and we will go through our matching algorithm. And if it matches, we will return the Medicare Beneficiary Identifier to you and then folks can use the (stat) Medicare Beneficiary Identifier to do the full eligibility transaction (if they choose).

(Beth Volski): So two comments there. One, as a clearing house that works with some of the largest providers in the country on automation, we're – you're going backwards with this.

This will interrupt workflow significantly by some of the largest providers in the country who are looking to automate these transactions through practice management or health information system. So I, as the other caller agree, we're going backwards with that. We very much appreciate an opportunity to

have some input, in greater detail not use everybody on the phone's time for that.

Secondly, my comment around the difference between what's available on a website versus what's available in the EDI that has long been standing that there should not be information that is available through website that is not available to the 270-271 process. And so I just raised that on the call today.

Monica Kay: Thank you.

Operator: Your next question comes from the line of (Emery Eves) with HCA. Your line is now open.

(Emery Eves): Great. Thank you. I just want to be clear on the Look-Up Tool/Portal. What is the name of that tool? When will it be available for us to use real-time? I'll start with those two.

Tricia Rodgers: Hi. So this is Tricia. So each of the Medicare Administrative Contractors or MACs have their own names to their unique portals and so they differ a little bit.

In the letter that we're sending out to providers and we'll post online, probably in the next week or so, we'll post that online. There will be a link to every MAC portal for those providers who don't have access already. They can go and sign up for the MAC portal.

In June 2018 is when providers will have access to log in to the portal and choose the MBI Look Up Tool GUI to get that MBI with the proper information.

(Emery Eves): And so it won't be available on April when we Go Live or begin the transition, correct?

Tricia Rodgers: Correct. That the transition period starts April 2018 and the MBI Look-Up Tool will be available two months later in June 2018.

(Emery Eves): OK.

- Tricia Rodgers: But you can still submit the MBI or the HICN all through the transition period.
- (Emery Eves): And so how do we submit in that last statement you said? We can this week?
- Trisha Rogers: For claims, you can either submit the MBI or the HICN ...
- (Emery Eves): Right.
- Tricia Rodgers: ... beginning April 2018 through December 31st, 2019.
- (Emery Eves): Correct. I'm concerned at the point of contact with the clients. So if the client has referred several times, comes in and patient access person needs to Look-Up their information, how would that be done?
- Tricia Rodgers: When a patient comes in?
- (Emery Eves): Yes, comes into a hospital and we ask for the MBI and they don't have it. Am I hearing that it's not crucial at their point of contact? For the first couple months, it is crucially ...
- Tricia Rodgers: No. You can – sorry, you can still – the hospital can submit the HICN for ...
- (Emery Eves): Right.
- Tricia Rodgers: ... claim payment during that time.
- (Emery Eves): OK, OK. Right.
- (Rich Cuchna): For an eligibility transaction.
- (Emery Eves): For an eligibility transaction. OK, I'm with you. OK. Thank you.
- Jill Darling: And, (Shawn), we'll take one more question, please.
- Operator: Absolutely. Your final question comes from the line of (Missy Helwig) with (Codex). Your line is now open.

(Missy Helwig): Hi. Thanks, everyone. This has been wonderful information. I am an EDI vendor. Will there be a testing period that we can submit test files using an MBI and claim situation and in the 270-271?

Tricia Rodgers: Thanks for your question. We are using the transition period as our – as a test period, because you're able to submit either the HICN or the MBI. We are doing advanced – sorry, enhanced integration testing here at CMS. So we are not including end-to-end testing with fee-for-service claims processing system. But we encourage you to use the transition period to submit the MBIs. And if you have issues, you can always submit the HICN until your systems are – until you work through your system issues. Thanks very much for that question.

(Missy Helwig): And one follow-up to that, please. So when I submit my (837), I would send it as a production file and I can mix both HICN and MBI?

Tricia Rodgers: You can. In the same batch and, we'll process either both.

(Missy Helwig): Perfect. Thank you very ...

Rich Cuchna: You don't need to identify whether it's a HICN or an MBI. Our systems internally will be able to recognize whether it's a HICN or MBI and be able to process your claim based on how we identify that.

(Missy Helwig): Thank you.

Operator: And there are no further questions at this time. I'll turn the call back to the presenters.

Monica Kay: So again, this is Monica Kay and I would like to thank everyone for their great questions and conversation regarding the new Medicare Card Project.

I would encourage you to please read the MLN Connect newsletter for information. Stay tuned for the provider letter that will be coming out to everyone. As well as checking our website at (newmedicare@cms.gov/newcard) to get information as we post it to our website.

Again, if you have any questions, the presentation has been posted to our site. Please use it as needed. And if you have any further questions, you can send them to (CMSNewMedicare.card) SSNremoval@cms.hhs.gov. Thank you everyone.

Operator: And thank you for participating in today's New Medicare Card Project Special Open Door Forum, Presentation for the Clearinghouses and Vendors. This call will be available for replay beginning today at 5:00 p.m. Eastern through midnight on September 14th.

The Conference I.D. number for the replay is 492500797. The number to dial in for the replay is 855-859-2056.

This concludes today's conference, you may now disconnect.

END