

Centers for Medicare & Medicaid Services
Special Open Door Forum:
New Medicare Card Project
Thursday, November 9, 2017
Moderator: Jill Darling
2:00 – 3:00pm Eastern Time
Conference Call Only

Operator: Good afternoon, my name is (Amy) and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare and Medicaid Services New Medicare Card Project Special Open Door Forum.

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 would like to ask a question during this time, please press star then the number one on your telephone keypad. If you would like to withdraw your question, please press the pound key.

I would now like to turn the call over to Ms. Jill Darling. You may begin.

Jill Darling: Thanks, (Amy). Good morning and good afternoon, everyone. Thank you for joining us today for the special Open Door Forum. We do appreciate your patience. We've had – I know there are a few hundred more people trying to get on the line and we appreciate those who logged on earlier and waited. So, we do appreciate your patience.

So real quick announcement from me and then we'll go right into today's' presentation. This Special Open Door Forum is not intended for the press and the remarks are not considered on the record. If you are a member of the press, you may listen in but please refrain from asking questions during the Q&A portion of the call. If you have any inquiries, please contact us at press@cms.hhs.gov.

So now, I will hand the call over to Lois Serio.

Lois Serio: Good day everyone, and welcome. Thank you all so much for joining us today. We wanted to talk to all of you about new Medicare card number. We, the CMS, have been working very closely with the State Medicaid agencies and territories across the country to ensure that the states are ready to implement this new number and card. We wanted to, as we got to talk to the states, we want to make sure as well that all the state stakeholders are aware of this coming change.

So, we thought this would be a good opportunity. If you work with the state, if you are a state agency, if you are a plan, or provider within the state, we wanted to take this time and get you up to speed on what's happening and make sure you're aware of what needs to be done in order to accept this new number and new card.

So, first, let me give you some background. The Health Insurance Claim Number otherwise known as HICN is a Medicare beneficiary's identification number. And we've been using that for processing claims and for determining eligibility for services across multiple entities, the Social Security Administration, the Railroad Retirement Board, the states, Medicare providers and health plans, all use this number to submit claims for Medicare services. The Medicare Access and CHIP Reauthorization Act of 2015 mandated the removal of the Social Security Number-based HICN or Health Insurance Claim Number for Medicare cards to address the current risk of beneficiary medical identity theft. The legislation requires that CMS mail out new Medicare cards with a new Medicare Beneficiary Identifier by April 2019.

So, our goal is to decrease Medicare beneficiary's vulnerability to identity theft by removing the Social Security -based number from their Medicare identification cards and replacing with a new unique Medicare number. We want to make sure though in doing this, we minimize burdens for beneficiaries, providers. We do not want to disrupt Medicare operation and we want to provide a solution to our business partners that do allow usage of HICN and/or this new Medicare number for business critical data exchanges.

Along with our partners, we've analyzed and we'll need to address complex system changes for over 75 systems. We also need to conduct extensive outreach and education activities and analyze the many changes that will be needed to the systems and business processes that today, use and accept HICN and tomorrow that will use and accept the new Medicare number. Affected stakeholders include our federal partners, the states, beneficiaries, providers and plans. Other key stakeholders involved are billing agency, advocacy groups, caregivers, data warehouses, fiscal agents for the state, vendors; management practice groups.

CMS has been working closely with our partners and stakeholders to implement the new Medicare card project. And this call today is, again, trying to make sure that all of our stakeholders are aware of these activities.

So, a little bit about the implementation of the new numbers. First, the Social Security Number removal solution must provide the following capabilities. We need to generate this new number, the Medicare Beneficiary Identifier, otherwise known as MBI, for all beneficiaries. That includes existing, currently active, deceased or archived beneficiaries and new beneficiaries enrolling into Medicare.

Now, keep in mind when we say, deceased beneficiaries, we do not intend to mail a new card out to the deceased beneficiaries. But for research purposes, we need to make sure that everyone, both past and present, has a new Medicare number. We will be issuing a new and redesigned Medicare card containing the new number to existing and new beneficiaries. And we need to update and accommodate receipt, transmission, and display and processing of this new number in systems and in business processes.

So, we will use an MBI generator to assign 150 million MBIs in the initial enumeration and that's 60 million active and 90 million deceased archive. And we will generate a unique MBI for each new Medicare beneficiary. We will also generate a new unique MBI for a Medicare beneficiary whose identity has been compromised.

So, just to give you a sense of what's the difference between the HICN and the MBI number, the Health Insurance Claim Number again, it's a Primary Beneficiary Account Holders Social Security Number plus a Beneficiary Identification Code or a BIC. This is the current number. It's a nine-byte Social Security Number plus one or two byte BIC. And the key positions, one through nine, are numeric.

The new Medicare Beneficiary Identifier is a new Non-Intelligent Unique Identifier. It is 11 bytes and key positions, two, five, eight and nine will always be alphabetic. But those of you who are on the slides, on slide seven, you can see what – visually, what's the difference between how the two numbers will look.

Slide eight, the new Medicare number characteristics. So, the Medicare Beneficiary Identifier will have the following characteristics. It's the same number of characters as the current number, 11, but will be visibly distinguishable from the HICN. It contains uppercase alphabetic and numeric characters throughout the 11 digit identifier. It occupies the same field as the HICN on transactions.

And this is the really important note. It's unique to each beneficiary. For instance, a husband and wife will have their own number. Today, if a wife is enrolled on her husband, she shares his number. With the new number, she will have a separate number. It is easy to read and limit the possibility of letters being interpreted as numbers. For example, alphabetic characters are uppercase only and will exclude S, L, O, I, B and Z. It will not contain any embedded intelligence or special characters. So, looking at this number, you will not be able to tell whose Medicare eligibility is from. It will not contain inappropriate combinations of numbers that may be offensive.

CMS anticipates that the MBI will not be changed for an individual unless the MBI is compromised or other limited circumstances still undergoing review. So, we are going to have a transition period. So, this transition period will run from April 2018 through December 31st, 2019. CMS will complete its systems and process updates to be ready to accept and return the MBI on April 1, 2018. All stakeholders who submit or receive transactions containing the

HICN must modify their processes and systems to be ready to submit or exchange the MBI by April 1st, 2018. Stakeholders may submit either the MBI or the HICN during the transition period.

CMS will accept, use for processing and return to stakeholders either the MBI or the HICN, whichever is submitted on the claim during the transition period. CMS will actively monitor the use of the HICNs and MBIs during the transition period to ensure that everyone is ready to use MBIs only, by January 1st, 2020.

So, again, the first MBI will be accepted starting April 1, 2018, but, between April 2018; through December 31st, 2019, you can submit either the MBI and/or the HICN. We will accept both. But starting January 1st, 2020, only the MBI will be accepted. For those on the slide deck, slide 10 is sort of the visual of our transition period. It shows you when the transition period begins April 2018. And we will start mailing the card through phased-card approach starting April 2018 through April 2019.

Slide 11. So, CMS is making system changes so that when a provider checks a beneficiary's eligibility, the CMS HIPAA Eligibility Transaction System, otherwise known HETS, will return a message on the response indicating that CMS mailed that particular beneficiary's new Medicare card.

Beginning October of 2018 through the end of the transition period, when a valid and active HICN is submitted on Medicare fee-for-service claims, both the HICN and the new MBI will be returned on the remittance advice. And for the techies out there, the MBI will be in the same place you currently get the changed HICN 835 Loop 2100, Segment NM1. That's the corrected patient, insured name field.

The use of the HICN and MBI for the same person with Medicare on the same batch of claims, during the transition period, we will process all claims with either the HICN or MBI, even when both are in the same batch.

So, for Medicaid and supplemental insurers, as I said earlier, we will give State Medicaid agencies and supplemental insurers the MBI for Medicaid

eligible people who also have Medicare before we mail the new Medicare card. So we are working with the State Medicaid agencies now on a regular basis to get them ready.

During the transition period, we'll process and transmit Medicare crossover claims with either the HICN or the MBI. For Railroad Retirement Board beneficiaries, the Railroad Retirement Board will continue to send cards with the RRB logo. But you can't tell from looking at the MBI alone if beneficiaries are eligible from Medicare because they're railroad retirees. So Medicare providers must program their systems to identify Railroad Retirement Board beneficiaries so they know to send those claims to the Specialty Medicare Administrative Contractor.

Beginning in April of 2018, we'll return a message on the eligibility transaction response for an RRB patient. The message will say Railroad Retirement Medicare Beneficiary. And we will have a copy of what the Railroad Retirement Board card looks like on our website and I'll give you additional information later in the deck. For private payers, for non-Medicare business, private payers won't have to use the MBI. This is strictly for Medicare beneficiaries getting Medicare services. We'll continue to use supplemental insurer's unique numbers to identify customers.

But after the transition period, supplemental insurers must choose the MBI for any Medicare transactions where they would have used the HICN. In addition, CMS is working to develop capabilities where providers will be able to access a beneficiary's MBI through a secure lookup tool as the point of service. In instances in which a beneficiary does not have a new Medicare card at the point of care, we believe this lookup tool will give providers the mechanism to access a beneficiary's MBI securely without disrupting workflow.

Beneficiaries, providers, and plans will no longer use the HICN for internal and most external purposes. However, once the transition period is over, you'll still be able to use the HICN in certain situations. For Medicare plans, the following exceptions apply. For appeals, you can use either HICN or the MBI for claims appeals and related forms. Adjustments, you can use the

HICN indefinitely for some systems, for example, the drug data processing, risk adjustment processing, and encountered data and for all records, not just adjustments.

For reports, we will use the HICN on the following reports until further notice. Incoming to us, quality reporting, disproportionate share hospital data request, et cetera, outgoing from us, Provider Statistical and Reimbursement Report, accountable care organization report. And for fee-for-service claim exceptions, again, appeals, you can use either the HICN or the MBI for claims appeals and related forms.

Span-date claim. You can use the HICN for 11X-inpatient hospital, 32X-home health and 41X-religious non-medical health care institution claims, if the from date is before the end of the transition period.

You can submit claims received between April 1st, 2018 and December 31st, 2019 using the HICN or the MBI. If a patient starts getting services in an inpatient hospital, home health or religious non-medical health care institution before December 31st, 2019, but stops getting those services after December 31st, 2019, you may submit a claim using either the HICN or the MBI even if you submitted the claim after December 31st, 2019.

Other exceptions, incoming premium payments. People with Medicare who don't get SSA or railroad retirement benefits and submit premium payments should use the MBI on incoming premium remittances. But we will also accept the HICN on incoming premium remittances after the transition period. And that would be for part A premiums, part B premiums, part D income-related monthly adjustments, et cetera.

Just to get through a couple milestones, right now, we are preparing providers and testing provider systems and processes and state systems to use the MBI by April 2018. If you use – for providers, if you're using vendors, contact them to find out about their practice management system changes. We are right now trying to get the word out from an operational perspective to all those affected by this to make sure they understand the changes and they are working to make these changes.

Starting in April of 2018, all system and processes must be able to accept the MBI. Keep in mind, even though we're having a transition period through 2019 for newly enrolled Medicare beneficiaries coming into the system April of 2018, they will only have the MBI and that will be the only number they will be able to share with you. So, all systems must be up and ready by April of 2018. Beginning April 2018 we will begin mailing the new Medicare card. June 2018 is our expected launch of the provider lookup tool.

And then, in April 16 is our deadline – of 2019 is the deadline for issuance of new Medicare cards. What providers need to know to get ready for the new MBI? So, we're asking all the providers to subscribe to the weekly MLN Connects newsletter for updates and new information. We need and ask the providers to verify your patient addresses. If the address you have on file is different than the address you get in electronic eligibility transaction responses, encourage your patients to correct their address in Medicare's record at SSA using the ssa.gov/myaccount.

It may require coordination between your billing and office staff. Remind people with Medicare that Medicare will never contact them and request personal information. They should protect their new Medicare number like a credit card and only share with trusted providers. Again, in order to get ready to use the new MBI format for providers, ask your billing and office staff if your system can accept the 11 digit alphanumeric MBI. If you use vendors to bill Medicare, ask them about their MBI practice management system changes and make sure they are ready for the change.

Encourage practices and health care facilities to visit our website at <https://www.cms.gov/newcard>. And I know we're talking a lot in this presentation, but if you go into our website, all of this information, plus more, you will find it there. So, if we are talking too fast for you to take notes, you can go directly – please go to that website. It has a lot of information. And also, you can just type in the search on [cms.gov/newcard](https://www.cms.gov/newcard) and it will come up. Make sure you can access the new provider portal to obtain a patient's MBI.

You'll be able to look up your Medicare patient's new Medicare number through your MAC's secure web portal starting in June of 2018. So, we are working to provide education outreach to all the 60 million beneficiaries, their families, advocacy groups and caregivers, health plan, the provider community. Back in September, we sent an all-provider letter and fax sheet out to every provider out there that had the information specific to them about how do they obtain access and which MAC do they need to reach out to, to get access to the beneficiary – excuse me, to the MAC portal in order to obtain the MBI for your patients.

We're also working closely with the states and territories. We have regular meetings with the State Medicaid agencies. And we have quarterly Open Door Forums for providers and others to make sure we get the word out. We are trying to involve all business partners in our outreach and education efforts through their existing vehicles for communications. Again, we're using Open Door Forums for providers. We're sending out information via the HPMS notices for plans and, of course, MLN Connects for providers too.

Next on page – slide 20 for those of you on the slide deck – is a picture of a new Medicare card. So, keep in mind, if you go to our website, you will be able to see what the new Medicare looks like and what the new Railroad Retirement Board card will look like. It is still going to be red, white, and blue but there are some changes so take a look at. We will begin mailing new cards in April of 2018 and we will meet the congressional deadline for replacing all Medicare cards by April of 2019. We have removed the gender and signature line from the new Medicare cards.

Again, the Railroad Retirement Board will issue their new cards to their railroad retirement beneficiaries. We are also working with states that currently include the HICN on Medicaid cards to remove the Medicare ID or replace it with an MBI. So, again, we are conducting intensive education and outreach to all Medicare beneficiaries, their families, caregivers, and advocates to help prepare this – prepare them for this change starting this past September and going through April of 2019.

Information about the new card has been included in the 2018 Medicare new handbook that was mailed out to all beneficiaries in September of 2017. Once they receive their new cards, beneficiaries will be instructed to safely and securely destroy their old Medicare cards and keep the new Medicare number confidential. Only give it out on a need to know basis. Do not give it out to those who don't need to see it.

CMS is also working to develop a secure way for beneficiaries to be able to access their new Medicare number when needed. So again, some key points we want to reinforce. For the most updated information on this new Medicare card, please go to our website. There is tabs for plans, for providers. We have materials on there as well.

Understand that mailing everyone a new card will take some time. Your card might arrive at a different time than the friends or neighbors. Make sure your mailing address is up to date. If your address needs to be corrected, contact social security. Be ware of anyone who contacts you about the new Medicare card. CMS will never ask you to give us personal or private information to get your new Medicare number and card.

And for Medicare Advantage Plan members, your new Medicare card does not replace the card that you use for your plan. You'll need your new Medicare card if you want to join, leave, or switch to a different plan. If you have Medicare Advantage, you may also be asked to show your new Medicare card if you need hospital services. And of course, securely destroy your old Medicare card.

We have a timeline on slide 24 for outreach. Again, it talks about how in April of 2018 we begin mailing new cards, all systems and processes need to be able to accept the MBI. We're launching the provider MBI lookup tool June of '18. And again, January 2020, the transition period ends. And you must use the new MBI on all data exchanges.

We do have resources to help you communicate with people with Medicare. Again, it is on our website. We have a flier that you can hand out. We have a poster for providers' offices. We have tear-off sheets for provider offices.

And we also have conference cards for beneficiaries. So all of these are on the website and you can order them.

Now, we have some messaging we want to talk to you about regarding the states and all of the state stakeholders. So I'm going to give it over to Captain Godwin Odia.

Godwin Odia: Thank you, Lois. I hope you all can hear me. I am suffering from colds. So as Lois already stated, now that you have all the information that you can use for your audience, we are recommending that you communicate with your audience as broadly as possible on the new Medicare card implementation. Encourage their readiness as well as monitor their readiness as best as you could, including their ability to use HICN and/or the new Medicare card during transition period beginning 4/1/18 through 12/31/2019.

And only new card post transition of 1/1/20 subject to very limited exception that Lois already stated. Reach out to your fiscal agents, they should have already been part of this implementation. Ensure they are ready since they are essentially act for and on your behalf as the State Medicaid agency conducting all businesses for you.

For Medicaid MCOs, if you currently exchange HICN, with them or use HICN to conduct any beneficiary or provider (placement) businesses or transaction, they must be ready. SMAs are ultimately responsible for their MCOs compliance.

Any CMS requirement to the State Medicaid agency that is passed on to the MCO is considered a federal mandate. And that should be taken care of on the contract between the states and the MCOs. For Medicaid providers, especially those State Medicaid providers and those in hard-to-reach areas, we encourage you to reach out to them and support the overall CMS message goal to reach out to providers who may be the one and or only two providers in a county so that the information gets to them. And so they're ready.

We encourage you to assist them in their readiness and (send) the message to them as well. We know that CMS is reaching out to all providers and we encourage them to also assist CMS to reach these providers. Sometimes they may receive multiple information and the more the multiple messages the more the better.

Communicate your readiness regularly with your stakeholders so that they are aware the impact and the direct impact to a State Medicaid agency if they are not ready. Any entity that acts for and on behalf of your state that is currently using SSN-based HICN should be ready, and they should be getting the message. Now, we are testing as part of our implementation. We encourage you as the State Medicaid agency to test with a segment of your providers, you determine the number and or how many you want to test based on how you do business to ensure readiness.

Encourage your MCOs to test too if they are currently using HICN to conduct any business that is (outwardly) or beneficiaries and or providers (facing). We want to make the transition and post transition less painful and a very good transition as much as possible. And you as the State Medicaid agency is part of that process.

So, use current information on the website that Lois alluded to. And also use your state regional CMS offices as well as central office resources to ensure the compliance with that transition and ultimately the transition and everything else goes smoothly. And that's all I have.

Lois Serio: Thanks, Godwin. So again, we encourage you to participate in our Open Door Forums. We'll let you know when calls are scheduled in MLN Connects. Again check out our new Medicare card website for all the information that's in this slide deck and the Open Door Forum link also has this slide deck available as well. We also have the resources you can use when you talk to people with Medicare about new Medicare cards.

We have slide decks available for you to use. All of that is on our website. And there's a link on our slide deck. We also ask you if you have any

comments or questions to please feel free to send them to us at our mailbox. It's newmedicarecardSSNremoval@cms.hhs.gov. And again, we cannot encourage you enough that if you currently are using the health insurance claim number today, please make sure you're ready to accept this new number.

And if you are sharing that number and transmitting it to other stakeholders or partners in your daily business, please reach out and make sure they're aware of these changes as well and direct them to our website. So again, we want to thank you very much for participating in today's discussion. And please make sure you check out our website for more upcoming information. Thank you very much.

Jill Darling: All right, thank you, Lois. (Amy), we'll go into our Q&A, please.

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

Please limit your questions to one question and one follow up to allow other participants time for questions. If you require any further follow up, you may again press star one to rejoin the queue.

Your first question today comes from the line of (Mandy Hamilton) of Oxford Healthcare. Your line is open.

Jill Darling: (Amy), can you repeat her name again?

Operator: (Mandy Hamilton). OK. We've lost her. Our next question comes from the line of Kathy Stratman of St. Francis Memorial. Your line is open.

Kathy Stratman: I just have a quick question about where these slides are for today's presentation. OK. Can you hear me now?

Jill Darling: Yes.

Kathy Stratman: OK. (Inaudible) ...

Male: Yes, the slides are posted on our new Medicare card project website. It's underneath the Open Door Forums. It should be – you go to the [cms.gov/newmedicare](https://www.cms.gov/newmedicare) – new card, at the bottom, you'll see Open Door Forums. (Our) Open Door ...

Kathy Stratman: OK.

Male: ... Forum presentations are located there.

Kathy Stratman: I have been trying and just probably didn't hit the right button. Thank you.

Male: You're welcome.

Operator: Your next question comes from the line of (Feliso Shapiro) of the Hospital of Chicago. Your line is open.

(Feliso Shapiro): So I just want to clarify one – I want to clarify one thing you mentioned about with our current Medicare eligibility systems, you guys recommend contacting our vendors to make sure they're ready (inaudible) happens with the new Medicare numbers, correct?

Tricia Rodgers: Yes. We encourage you to contact them if you partner with a vendor or clearinghouse, we encourage you to contact them to make sure that they are ready to accept the MBI in April and to let you know of any changes in processes for you.

(Feliso Shapiro): OK. Now my question is, are you going to be sending like test Medicare numbers so we can incorporate it to make sure our system will verify it prior to the April?

Tricia Rodgers: We are not because of our long transition period, you can submit either the HICN or the MBI during that time. And if there is a problem with an MBI that you submit, you'll have time to reevaluate your system and make any fixes that need to occur before January 1st, 2020.

(Feliso Shapiro): OK.

Female: Thank you.

Female: Thank you.

Operator: Your next question comes from the line of Jackie Wolfe of Samaritan Hospital. Your line is open.

Jackie Wolfe: Hi, I just have a quick question, when you were talking about the Medicare HMO, will they have – they won't have both cards?

Lois Serio: Oh, yes. So, every Medicare beneficiary will receive a new number with a new Medicare card. For the beneficiary who also has joined a Medicare advantage plan or a part D plan, they will get a separate card from that plan. So they need to really keep both. And they will probably need to make sure that they submit their new Medicare card with the new number when they go to their plan to make sure the plan has that number.

Jackie Wolfe: OK ...

Lois Serio: But the plan number will not change.

Jackie Wolfe: And we won't be able to find this through C-SNAP anymore, is that correct?

Lois Serio: I'm not sure what you're referring to as ...

Female: So if you could send that question to the mailbox, we'll research it back on our end and that's ...

Jackie Wolfe: OK.

Female: Thank you.

Jackie Wolfe: Thank you.

Operator: Your next question comes from the line of (Lena Marsh) of Chester County. Your line is open. (Lena Marsh), your line is open.

(Lena Marsh): Hi, I was just trying to make sure that this timeline pertains to the Medicaid specifically BHRS as well as Medicare.

Lois Serio: So, Medicaid is not changing, this is just the Medicare number. So as far as Medicaid, this only affects the dual-eligible beneficiaries. So this affects the Medicare beneficiaries who are also eligible for Medicaid. So if you are just strictly a Medicaid recipient, this would not affect them.

(Lena Marsh): Thank you.

Operator: Your next question comes from the line of (Perry Hemphill). Your line is open.

(Perry Hemphill): Hi, I was wondering for the Medicare replacement companies, since we're a hospital, do they still have to give us the new Medicare number; then?

Tricia Rodgers: So, can you explain what you mean by Medicare Replacement Company?

(Perry Hemphill): Yes. You know, like a Humana or Coventry that their – the Medicare part C company. And they have their own Medicare – they have their own policy number. But then we still have to send in a claim into Medicare for a zero payment. So with the – a lot of times, we don't get the Medicare – the actual Medicare number. So those Medicare replacement companies, they have to give us those numbers then if we ask?

Tricia Rodgers: So we're encouraging beneficiaries to bring both cards in some instances particularly when they come to facilities for that reason. If they do not bring their new card with the new MBI, then that is at the point of service where you can go into the provider lookup tool if the beneficiary gives you the – their first name, last name, date of birth and Social Security Number, you will be able to look up their new MBI through the provider portal and get it that way if they don't bring their card with them and can share that information with you.

(Perry Hemphill): OK. Thank you.

Tricia Rodgers: You're welcome.

Operator: Your next question comes from the line of (Karen Green) of Footprint Podiatry. Your line is open.

(Karen Green): Yes, hello, good afternoon. I just had a quick question. Will the new cards be plastic, much more durable than the disintegrating paper card?

Lois Serio: No, they will continue to be paper. They will be a little smaller to fit in wallets. They will be – but they will continue to be paper.

(Karen Green): OK. That's it for me.

Operator: Your next question comes from the line of Debbie Wivo of UnitedHealth Group. Your line is open.

Debbie Wivo: Hi, myself and another coworker, we still can't find the slides on your site. We have gone the Open Door Forum and it just takes you somewhere else and then just keeps going around in a circle. There are no slides. There's a PDF but there's no slides there either. Can you give more specific instructions or can we get those e-mailed to us? Appreciate it.

Lois Serio: So if you go to [cms.gov/new card](https://www.cms.gov/new-card), and at the bottom, there should be a link that says Open Door Forum.

Female: And on that page, you'll see a list of Open Door Forums and the links, you have to click on links.

Debbie Wivo: Right, (they still) can't find it.

Lois Serio: [CMS.gov](https://www.cms.gov), are you on [cms.gov](https://www.cms.gov) on the new card page?

Debbie Wivo: Yes, yes. New Medicare care cards are coming. I've got ...

Female: You know, what you can do, if you send that to the CMS SSN removal new card e-mail address, we will send you the link directly.

Debbie Wivo: All right, thank you so very, very much. Appreciate it.

Female: Thank you.

Operator: Your next question comes from the line of (Marlyn Frierson) of Palmetto GBA. Your line is open.

(Marlyn Frierson): Yes. I just want to get clarification on the statement that was being made about the deceased beneficiaries. There was a statement made about the new Medicare cards and deceased beneficiaries when you were talking about ...

Female: Correct.

(Marlyn Frierson): I'm sorry?

Lois Serio: Yes. So, we are going to be generating this new Medicare number for all beneficiaries both living and deceased. But we are not sending, of course, a card out to – we've gotten that question, a card out to the deceased.

Female: And I would encourage you to go through your normal communication that you have with CMS if this is Palmetto.

(Marlyn Frierson): Yes. I just wanted to clarify, I thought this – I just want to make sure that's what I heard that you were assigning new cards in the MBI format for even deceased beneficiaries. OK. Thank you.

Female: Yes. And again, that's just a new number, we're not giving the assigning cards out.

(Marlyn Frierson): Right.

Female: And that's for research purposes. Thank you.

(Marlyn Frierson): OK. Thank you.

Operator: Your next question comes from the line of (Julie Redenbach) of Trinity Health. Your line is open.

(Julie Redenbach): Yes, I was just wondering what the search credentials are going to be for that provider lookup tool that's going to be coming out in June of 2018. Is it

going to be like first and last name and date of birth, or will we be able to locate with just last name and date of birth?

Tricia Rodgers: So the four data – you'll need four data elements from the Medicare patient. You need their first name, last name, date of birth and Social Security Number.

(Julie Redenbach): OK. All right, thank you so much.

Tricia Rodgers: You're welcome.

Operator: Your next question comes from the line of Lisa Canter of Care First. Your line is open.

Lisa Canter: Yes. I just wanted to ask, (be clear) about how the new number will be conveyed moving forward in the (TRR 834) files once they've been assigned?

Lois Serio: So, specific communications have come out for the plans and HPMS notices that came out, that gives specific information as to how you want to receive it through the (TRR) files. I would encourage you to look at that because that has a technical specification.

Lisa Canter: OK. Is that something I can find under the new Medicare card project?

Lois Serio: No, that would be something that your organization has access to via CMS. So whomever in your organization has access to visit the – that receive the health plan memos that would be the person that you need to reach out to.

And also (intuitively), what you can do is to send that to our mailbox and then we can make sure that you get the information that you need.

Lisa Canter: All right, thank you very much.

Operator: Your next question comes from the line of (Tonda Babbage) of Humana. Your line is open.

(Tonda), your line is open.

(Tonda Babbage): Yes. I was (wanting) to know if there was a schedule that you guys will be submitting to (course) as far as like are you going to be submitting based upon the state or based upon region.

Lois Serio: It's going to be a phase rollout. But at this point, we haven't determined the final.

(Tonda Babbage): OK. Would there be a communication submitted once you guys have a final schedule?

Lois Serio: So keep in mind, we need to make sure we alert folks who need to know when the card is mailed. But we also have to be mindful of fraudulent actors. And we want to make sure that we don't alert too many people that cards are going to be arriving in mailboxes because it could happen where people would start taking them out.

So, we just have to be mindful of that and a lot of that information, again, we will give it to people on a need-to-know basis. But we're trying to keep that fairly close (hold).

(Tonda Babbage): OK, thank you.

Operator: Your next question comes from the line of (Christy Richardson). Your line is open.

(Christy Richardson): Yes. We were just wondering. Will Clarian Health receive crosswalk information from the HICN to the MBI? It's been offered to the (MAC). So from a Clarian Health perspective, we're just curious if we'll receive that information.

Tricia Rodgers: No, there will be no crosswalk.

(Christy Richardson): OK, thank you.

Operator: Your next question comes from the line of (Kristine Fox). Your line is open.

(Kristine Fox): Hello. I just wanted to verify if we'd still be using the connect system for the provider lookup tool or if there's a new tool that's going to be coming out?

Tricia Rodgers: Dependent upon what your MAC jurisdiction is, your Medicare Administrative Contractor. So their current portal will have a GUI lookup tool for you to use, if you have access to your MAC portal, you're all set. If you don't have access, you need to get that before June 2018 so that you'll be ready to go once the tool is available.

(Kristine Fox): All right, thank you.

Tricia Rodgers: You're welcome.

Operator: Your next question comes from the line of (Frank Dogado) of (Modis) Medical. Your line is open.

Female: Yes. Hi. (Frank) has to leave, I'm going to ask the question for him. We want to know if what criteria you're going to be using to send out the new Medicare card. Is it going to be the older people first, the younger people first? This will happen once we're first entering the system, which you did say you are going to do first ones to get it. But, is there – and how many – what – are you going to be sending out like 25 percent the first quarter, or how is it going to work?

Female: Hi, it's just going to be a phase rollout. And again, we're just giving it out on a need-to-know basis to the people who need to be aware, so.

Female: What does that mean?

Female: So we'll be in discussions with the U.S. Postal Service as well as the state in order to make sure that they're prepared for the mailing. We are not sharing the distribution widely as to how ...

Female: Oh, OK.

Female: ... we'll go out (inaudible) will go.

Female: OK. And is there a way you can send the people on the e-mail trail, the link so that we have access because it seems a lot of people are having problems accessing the slides.

(Inaudible)

Female: No. I'm sorry to hear that that's happening. What we can do is if you send us an e-mail, we can provide you the direct link. We're actually on the computer now. We have no problem getting access to it, so I'm not sure what's happening external to us.

Female: I just heard other people having that issue, so I thought maybe if, you know, you could just send it out to people on the distribution list.

Female: What we can do is we're going to direct you back to the website, because there is a lot of people on the distribution list, that we might not be able to push it out in that form. So we're going to ask you if you're having difficulties to please reach out to our CMS New Medicare Card SSN Removal e-mail box and we'll have to distribute it that way.

Lois Serio: And again, that e-mail box, please send it one word, newmedicarecardssnremoval@cms.hhs.gov.

Female: OK, thank you.

Operator: Your next question comes from the line of (Courtney Thomas). Your line is open.

(Courtney Thomas): Hi. I was just wondering if how we would check Medicare for people that will be new recipients that will never have had a HICN and will just be having their MBI number if we don't have their MBI number available.

Tricia Rodgers: Yes, thanks for that question. So beginning June 2018, you can look up your patient's Medicare number through the secure provider portal. You can get the MBI and then you can do your eligibility check from there.

(Courtney Thomas): OK. So, somebody that gets Medicare, for example, May 1st of 2018 that's only going to have an MBI and never had had a HICN, we would be unable to check for that until June 8th, just to clarify?

Tricia Rodgers: Yes, the provider portal should be ready June 2018.

(Courtney Thomas): OK. And is – for example, is (Passport) one of the portals that you're referring to? That's the one that we use here at Cooper.

Tricia Rodgers: If that's the name of the MAC portal, yes. It's the same portal that you submit – your electronic claims that you do other ...

(Courtney Thomas): OK.

Tricia Rodgers: ... technology through. Update: Passport is NOT the name of a MAC portal; please [visit the list of MAC portals](#) for more information.

(Courtney Thomas): OK. I was just thinking if it was available on like a system for eligibility verification like NaviNet.

Tricia Rodgers: We are not giving the MBI back for any eligibility systems.

(Courtney Thomas): Oh, OK.

Tricia Rodgers: The beneficiary also has the option of getting it through mymedicare.gov as well online. So, that's another avenue in which the MBI may be obtained.

(Courtney Thomas): OK, so we just have to use the cms.gov to verify that. That's going to be the only way of verifying the benefits?

Female: No. Let's be clear. So there's a couple of different ways you can get (that) MBI. One is through the provider lookup tool through your MAC. The second is via the beneficiary either at the point of service or a beneficiary going on to mymedicare.gov in getting that information.

(Courtney Thomas): OK.

Jill Darling: And (Amy), that's all we have time now for questions. So, if you were in the queue waiting to ask a question, we highly encourage you to send it into the newmedicarecardssnremoval@cms.hhs.gov, and you will get an answer. So we do appreciate everyone's time. And Lois, any closing?

Lois Serio: We just want to thank everybody for your attendance. And again, please go to cms.gov/newcard. It has all the information that's in our deck. And hopefully that will help you. And again, please reach out to others who may not be aware of this and spread the word and we will be having more Open Door Forums, and so keep – on our website, we will inform folks of any upcoming events.

Thank you very much. Have a great day.

Operator: Thank you for participating in today's special Open Door Forum, New Medicare Card Project Conference Call. This call will be available for replay beginning at – today, November 9th, 2017 at 5:00 p.m. Eastern Time until November 15th at midnight Eastern Time.

The conference ID number for the replay is 49255212. The number to dial for the replay is 855-859-2056.

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

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