

Centers for Medicare & Medicaid Services
Special Open Door Forum:
Social Security Number Removal Initiative (SSNRI) Impact Upon the Coordination of Benefits
Agreement (COBA) Claim Crossover Process
Tuesday, January 17, 2017
1:30pm - 2:30pm Eastern Time
Conference Call Only (No Webinar)
Moderator: Jill Darling

Operator: Good afternoon. My name is (Lisa), 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 Special Open Door Forum SSNRI Impacts upon the COBA Medicare Crossover Process.

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

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

Jill Darling: Thank you, (Lisa). Good morning and Good afternoon everyone. Thank you for joining us today for the Special Open Door Forum. Before we begin I have one brief announcement. This special open door forum is not intended for the press and the remarks are not considered on the record. If you are a member of the press, you may listen in but please refrain from asking questions during the Q&A portion of the call. If you do have any inquiries, please contact CMS at press@cms.hhs.gov.

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

(Brian Pabst): Thank you, Jill. Good afternoon. On behalf of the Office of Financial Management and other CMS business components and contractors that are here with us today and on the phone, I welcome you to this special open door forum teleconference. Today's session will be divided in two presentations which both include opportunities for Q&A.

In the first segment, Dr. Monica Kay, who is the Director of the Division of Program Management in the Office of Information Technologies Program Management and Performance Group, will provide a general overview of the aims and implementation efforts under the Social Security Number Removal Initiative aptly known as SSNRI.

Following the Q&A segment from our first presentation, I, Brian Pabst, one of the Technical Advisors in the Financial Services Group's Division of MSP operations in OFM, will lead a second presentation that will feature a focused discussion covering SSNRI's impact on our national COBA Medicare crossover process. All of us assembled here today trust that our teleconference participants will benefit greatly from all the information shared this afternoon.

Before I turn things over to Dr. Monica Kay, I wanted to note that our slides will be made available after this presentation, shortly thereafter, and they will be made available on our COBA website and we'll give you more details about that later.

OK, I will now turn things over to Dr. Monica Kay. Monica.

Monica Kay: Thank you, Brian. We've heard a lot of information from clinicians, from providers and other external stakeholders, regarding the Social Security Number Removal Initiative. So, my plan today is to do two things. The first thing is to inform you of the Social Security Removal Initiative so you will be aware of the implementation activity that we have today. And then the second part is where Brian comes in, where he's going to talk about the COBA process that will be impacted by the SSNRI.

So let's get started and I'll talk a little bit about the background. The Health Insurance Claim Number is a Medicare beneficiary's identification number. It's used for paying claims and for determining eligibility for services across multiple entities such as SSA, the Railroad Retirement Board, state Medicaid, providers and health plans, and other stakeholders such as yourself. The Medicare Access and CHIP Reauthorization Act, which is MACRA of 2015, mandated the removal of the Social Security Number- based HICN from Medicare card to address the current risk of beneficiary medical identity theft. That legislation requires that CMS must mail out new Medicare cards with a new Medicare Beneficiary Identifier, or MBI, by April of 2019.

Now let's talk about a few of the program goals for the SSNRI program. First and foremost, we want to decrease Medicare beneficiaries' ability to identity theft by removing that SSN-based HICN from their Medicare identification card and replace that Health Insurance Claim Number, or HICN, with the new Medicare Beneficiary Identifier, or the MBI.

In achieving that goal, CMS wants to minimize the burdens for beneficiaries, minimize burdens for providers, and minimize any disruption to our Medicare operations and provide a business solution for our partner that allows the exchange of HICN and or MBI for our business critical data exchanges. And then, of course, we want to be able to manage the cost scope and schedule for the project.

So along with our stakeholders and our partners, CMS will address the complex systems changes for over 75 systems. We will also conduct extensive outreach and education activities and analyze the many changes that will be needed to systems and business process. Our affected stakeholders include our federal partners, state, beneficiaries, providers and plans, and other key stakeholders, such as billing agencies, advocacy group and data warehouses. And we've been working closely with our partners and stakeholders to implement the Social Security Number Removal Initiative.

Now let's talk a little bit about the implementation of SSNRI. Our solution for SSNRI must provide the following capabilities: We must be able to generate that new Medicare Beneficiary Identifier for all beneficiaries. This

includes existing, currently active, and deceased or archived members as well as new beneficiaries coming into the program.

Secondly, we must issue new redesigned Medicare cards. These new cards will contain the MBI, or Medicare Beneficiary Identifier, to existing and new beneficiaries. Thirdly, we must modify our systems and business processes. And thus we must process all updates to accommodate the receipt, transmission, display, and processing of that new Medicare Beneficiary Identifier.

In the end, CMS will use the MBI generator to assign over 150 million MBI in the initial enumeration which includes 60 million active and 90 million deceased to archive and generate a unique MBI for each new Medicare beneficiary. And we will also need to generate and unique MBI for any Medicare beneficiary whose identity has been compromised.

So let's talk a little bit about the characteristics of this new Medicare Beneficiary Identifier. It will have the following characteristics: It will have the same number of characters as the current Health Insurance Claim Number, 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. It will also be unique to each beneficiary.

For example, the husband and wife will have their own MBI. It will be easy to read and limit the possibility of letters being interpreted as numbers and alphabetic characters will exclude S, L, O, I, B and Z. It will also not contain any embedded intelligence or special characters. Nor will it contain any embedded intelligence or special characters. Nor will it contain any inappropriate combinations of numbers or strings that may be found offensive.

CMS anticipates that the MBI will not be changed for an individual unless the MBI is compromised or other limited circumstances that are still undergoing review in CMS. So the differences between the Health Insurance Claim Number and MBI number. Currently, the Health Insurance Claim Number is the primary beneficiary's account holder's Social Security Number plus the

Beneficiary Identification Code or BIC: It's defined as a SSN plus a one or two byte BIC. And key positions one through nine are numeric. With the new Medicare Beneficiary Identifier or MBI, it will be a new non-intelligent unique identifier. It will be 11 bytes and key positions 258 and 9 will always be alphabetic.

As we get ready for this SSNRI implementation, I want to bring to your attention our transition period. From the period of January 2018 through the period January 2020, we will engage within a transition period. In January 2018, we will activate our MBI generator and translator services. At the beginning of April 2018 and through December 31st of 2019, CMS will have a transition period where we will both accept and process both the HICN and or MBI on transactions. As of January 1st, 2020, HICN will no longer be exchanged with our beneficiaries, providers, payers, and other third parties, with limited exceptions.

And from April 2018 through April 2019, we will conduct a phased card issuance, where we'll mail out the new Medicare cards to beneficiaries. CMS anticipates that it will complete a systems and process update to be ready to accept and return the new MBI as of April 1st of 2018. All stakeholders who submit or receive transactions containing the HICN must modify their processes and systems to be ready to submit or exchange the MBI by April 1st of 2008 where we anticipate starting our card mailing. Stakeholders may either –may submit either--the MBI or the HICN during the transition period, which is from April 2018 to December 31st of 2019.

CMS will accept and use for processing and return to stakeholders either the Medicare beneficiary identifier or the HICN, whichever is submitted during the transition period. In addition, beginning October 2018 through the end of the transition period, which is December 31st, 2019, when a HICN is submitted for Medicare fee for service claims, both the HICN and the MBI will be returned on the remittance advice. And again this transition period will run from April 2018 through December 31st of 2019.

Now let's talk a little bit about our card issuance. CMS anticipates beginning issuing new Medicare cards for existing beneficiaries after the initial

enumeration of Medicare Beneficiary Identifiers, which is roughly 60 million beneficiaries. Please note that the gender and the signature line will be removed from the new Medicare card. The Railroad Retirement Board will also issue their new cards to RRB beneficiaries, and we will work with States that include the HICN on their Medicare cards to remove the Medicare ID and replace it with an MBI.

And then lastly, CMS will conduct intensive education and outreach to all Medicare beneficiaries and their agents to help them prepare for this change. We anticipate providing outreach and education to approximately 60 million beneficiaries, their agents, advocacy groups and caregivers, health plans, the provider community, states and territories as well as key stakeholders, vendors, and other partners. CMS will ensure that we involve all stakeholders in our outreach and education efforts through our existing vehicles for communication—such as vehicles like this, our Open Door Forums, (HPS) notices, and other normal communication mechanisms.

So I wanted to thank you for hearing more about the implementation activities for SSNRI, and if you need any additional information, it can be obtained from our website at <http://go.cms.gov/ssnri>. And if you have any other questions please submit them to the SSNRI team mailbox at SSNremoval@cms.hhs.gov.

Again, thank you for listening and I'm now going to turn it over to Brian Pabst to talk about the COBA Medicare crossover process.

(Brian Pabst): Good afternoon. Monica. Thank you everyone for coming to the call today. To begin, I wanted to go over the presentation objectives for our call this afternoon. First, we want to explain SSNRI's impacts on the COBA crossover claims and other files. Second, to explain the circumstances under which an SSN-based Medicare number may still appear on crossover claims even after January 1st, 2020. And third, to highlight the various technical tools available to COBA trading partners so they will be able to accept either the HICN or the Medicare Beneficiary Identifier on COBA crossovers. .

Our goal when considering SSNRI's impacts to our COBA trading partners was to minimize impacts on these entities to the greatest extent possible. With this in mind, CMS has determined it will be necessary to modify the format of only one of our COBA response files so that both the HICN and MBI will be returned. This change will be moved into production in January 2018.

Consistent with our presentation objectives, I first begin with a discussion of SSNRI's impacts upon COBA claims. Now, you're going to be hearing some terminology here that I wanted to define for folks who are not as intimately familiar with HIPAA transactions.

You'll be hearing a mention of the 2010 BA loop, the 2330 AMM loop, and the 2320 loop. All these loops are very critical as part of COB and really any claims processing situation, but the 2010 BA loop is our Subscriber loop and the 2330 A loop, which is defined as the Other Subscriber Name, is itself nested within the 2320, which is the loop in which we carry COB information.

So, I'm hoping that this little explanation will help you when you start hearing this information momentarily here. All 837 institutional or professional coordination of benefits claims will continue to feature the qualifier "MI," which stands for Member Identification Number. And this will be present in 2010BA NM108 and in 2330 NM108 during and after the transition period.

COBA trading partners that currently submit a supplemental ID or state Medicaid recipient ID for their covered members or benefit recipients via the COBA E01 eligibility file will continue to receive this identifier in the 2010BA NM109 segment. So, what that means is today a lot of our insurers do send us that information and that's how those entities can identify these beneficiaries when they come into their claim systems. They want to make sure that's not lost in this transition when making the MBI. So, if you do send us that identifier in your COBA E01 eligibility submission, it will still be present in the 2010BA NM109 segment going forward. We want to make sure everyone realizes that.

During the CMS's defined transition period, COBA trading partners will receive either a HICN or MBI for 2330A NM109 segment within Medicare's 2320 loop based upon the provider's submitted identifier or the identifier that

was used in paying the claim. So, if you're a DME supplier and you're submitting a claim to Medicare and you give us the Health Insurance Claim Number during the timeframe that Monica was discussing between April 2018 and December 2019, that claim will crossover with a HICN in 2330A NM109, just to give an example.

There is an exception and it does deal with DME. There are times where claims come in from DME suppliers and more of the claims happen to hit the system at the same time. So, in the case where we have the same trading partner, the same billing provider, and the same beneficiary, and we have a mixture of claims that are submitted to Medicare with HICN and MBI, our Benefits Coordination and Recovery Center will cross those claims over with an MBI reflected as the beneficiary identifier in 2330A NM109 within Medicare's 2320 loop.

Important: As was just mentioned a moment ago, the supplemental ID will still be included in 2010BA NM109 if it is reported to us. If it is not reported to us, then in this situation where you have a mixture of HICN and MBI coming in on DME claims, the 2010BA NM109 will have the MBI reflected.

Importantly for our National Council for Prescription Drug programs D.0 Batch COB claims, these will feature the MBI and this will be in the area of the claim where you're accustomed to seeing the Health Insurance Claim Number today and that will be true even after the switch over from January 1, 2020 and after. You'll see the MBI in the area of the claim where the HICN is now reported. The difference is the MBI will be qualified by 04, which stands for "non-SSN-based patient ID."

Turning to COBA claims recovery. Today, several of our COBA trading partners on occasion have to engage in COBA claim recoveries. These are recoveries that become necessary because Medicare beneficiaries were missing on incoming COBA E01 eligibility files for a period of time, sometimes months. It will still be possible for these activities to occur even when we're moving from the HICN to the MBI.

COBA trading partners, however, will receive recovered Part A and Part B claims that contain a mixture of HICN and MBI depending upon how the claims were originally submitted to Medicare. So, if the timeframe for recovery is January 1st to July 31st and between January 1st and April 30th all the claims have HICNs on them, when those claims are recovered for the trading partner, they will have HICN on them. The ones that were submitted between May and July when there was a recovery and they happen to have MBI on them will be recovered with MBI on the claims.

An important qualification, Medicare will always include the MBI on recovery claims for those beneficiaries who became entitled to Medicare on or after April 1, 2018. This is because at that stage of the game for anyone enrolling in Medicare, the beneficiary will never know that a Health Insurance Claim never existed, even though behind the scenes it's still being assigned.

OK. Now, I mentioned at the beginning as part of our presentation objectives that there are certain exceptions to the exclusive use of the Health Insurance Claim Number on our crossover claims. And I want to get into that momentarily with you. There are five of those. But before I do, I want to make sure folks understand that our Medicare Beneficiary Identifier is going to be implemented by CMS based on date of receipt criteria as opposed to date of service criteria. That's very important. So, that, of course, means that any claims submitted January 1, 2020 or after, to Medicare based on received date must have an MBI unless there's an exception to that rule--and there are some.

For our crossover process, I wanted to go through those slides with you now. On or after January 1, 2020, you may still see a Health Insurance Claim Number on outbound 837 institutional and professional claims under the following circumstances: The first is to allow for the run out of claims that were submitted to Medicare with a HICN or Railroad Board Medicare identifier and held on the payment floor until on/after January 1, 2020.

So, as you guys have heard, our transition period is April 2018 through December 2019. That means that conceivably we would have claims submitted around December 15, hopefully not very many, but there will be some that will still contain a Health Insurance Claim Number. If that's the

case and those claims are held on Medicare's payment for up to January 1, 2020 and then are released, they will contain a Health Insurance Claim Number when they're crossed over.

The second scenario is we're going to allow for the possibility of a HICN to be included to accommodate certain date span claims issues. We will have inpatient hospital, home health, and religious non-medical that may be billed to Medicare using either the HICN or the MBI at the choice of the provider. So, we want to make sure you're aware of that.

Third, to accommodate claims that were submitted with a HICN and that were held in suspense or that were placed on provider alert status and those issues relating to those hold or suspense claims were not cleared up until after January 1, 2020. Fourth, to accommodate adjustment claims as well as appeals and re-openings, whereby, the associated original claim included a HICN. And lastly, as we mentioned a moment ago, the HIC number may still flow as part of our COBA Medicare claims recoveries, which were initiated by our BCRC when the claims that came to Medicare originally had a Health Insurance Claim Number on them.

OK. We've talked about the impacts on claims. We want to talk now about some of the tools that are being made available to COBA trading partners so they'll be able to deal with the MBI should they receive that on their claims beginning April 2018. The first important tool that we have is our COBA crosswalk files. Now, the crosswalk files will be designed based upon your incoming eligibility E01 files, the data that that's there for your active persons and persons that still have coverage. That will be the information that's used to build the crosswalks.

CMS and the BCRC are planning to transmit Health Insurance Claim Number-to-MBI crosswalk files to each individual COBA trading partner in January 2018. This is very tentative as of this time, but we're projecting that to occur between January 9th and January 27th. To let everyone know, our proposed minimum crosswalk data elements will be COBA trading partner name and COBA ID, which will be in the file header, as well as the beneficiary's name, health insurance claim number, and associated MBI.

We are also seriously considering including Date of Birth as an additional factor to help with matching. Important note, a crosswalk will be created for each COBA ID that is maintained by COBA trading partners. So, if you have 15 COBA IDs, each of which are for different lines of business, you would receive 15 individual crosswalks for those members that are represented under each COBA ID.

The COBA crosswalk file layout will be made available as a download document to COBA trading partners for their review no later than July 2017 on CMS' COBA web site. And I'm going to briefly -- and I mean briefly -- give you an idea of how to go to that site. You would go to CMS.gov; then you will find the Medicare tab; then you would go to COB&R; then to COBA Trading Partners; and lastly to What's New. There's a "What's New section." And under the "What's New" section, you will find this document as a download. As I said at beginning of our presentation, we will make these slides available to all of our COBA trading partners and all other interested stakeholders very shortly. And that web site, as mentioned, where the slides will be made available.

We feel the crosswalks files will prove invaluable to COBA trading partners, particularly for those that use the HICN today that comes from the crossover claims as part of their claims processing routines. Crosswalk files may be used in combination with COBA eligibility responses, which we're going to discuss momentarily, to equip COBA trading partners to be able to handle either the HICN or the MBI as received on their crossover claims.

CMS and the BCRC plan to transmit the crosswalks to COBA trading partners through their established connectivity paths. So, right now, the two paths are Connect: Direct and Secure FTP. For our Connect Direct customers, the BCRC will collect and manage a list of filenames for the trading partners. So, we're asking the trading partners to provide us with the dataset name(s) to which you want to have the crosswalk directed. The activity associated with collecting those filenames needs to begin by October 1, 2017, to ensure that our COBA trading partners will be ready to receive our crosswalk files in

January 2018. More details will be made available about this on our COBA web site around July 2017.

Now, for our secure file transfer protocol trading partners that use either GENTRAN or (TIBCO), our Benefits Coordination & Recovery Center will transmit the crosswalk files to each COBA trading partner's existing mailbox or mailboxes and we're going to be modifying the fourth node of the trading partner's eligibility filename to allow for differentiation from normal eligibility files that are sent to you. The fourth node will be modified to an M as in Mary, whereas, currently, we send a T in that spot for normal production for normal eligibility files.

And again, those details will be made available on our Web site by July.

Our second important tool that COBA trading partners may use in getting ready for the MBI is a modified COBA eligibility response file. But before I turn to that, I briefly want to note this important qualification for everyone that really follows our COBA eligibility files and their content.

Our COBA E01 input and submission of file is not really going to change. The input file is itself not going to change. What's going to happen is we're going to rename the HICN field to Medicare ID. That is the only change that's occurring to our E01 input file. In January 2018, CMS will be modifying the COBA eligibility response file, what we call the ERF, so that the most current HICN and the most current MBI will be returned to our COBA partners.

We will be designating a new current MBI field using existing Filler at the end of the file. Our modified COBA ERF will supplement our crosswalks and assist COBA partners with exception scenarios that we went through a moment ago--the five that we discussed for January 2020 and after.

Importantly, if a beneficiary only ever had an MBI and has become entitled to Medicare April 1, 2018 or after, we will only return the MBI via the ERF. We will not also return the HICN. Record layouts illustrating the changes to the

COBA ERF will be made available no later than July 2017, which is six months before the modifications to the ERF will occur in January 2018.

Another set of tools that our COBA partners currently use and will be able to continue to use as part of their dealing with us for COBA crossover claims is our querying processes. So, for COBA, we have what's called the E02, the COBA E02, which allows submitters to report the prescription drug eligibility to us and also query us for Medicare coverage information and also a Health Eligibility Wrapper process.

Under these processes, our COBA partners will still be able to obtain the most current Medicare identifier. The input values needed to conduct the query remain the same. Today, I believe a lot of you use SSN. You'll be able to continue to do that. The most current identifier assigned that may be an MBI or HICN, depending upon the timeframe, will be returned to you in the renamed Medicare ID field. The earliest that this could happen is April 2018.

OK. One last thing that I wanted to discuss before I turn it back to the operator for questions that some folks may be interested in -- it's really not our subject area here, but we wanted to let you know about it -- and that is how the Medicare card will appear in the future and the MBI itself would look. Once we are made aware of that ourselves, we will make sure that you're aware of that because I know a lot of you use that in your literature and anything you may offer to your customers to make sure they become acculturated to Medicare's number. Right now, we don't have that information, but as soon as it is available we ourselves will alert you to that. I'm sure CMS will as well through our web site.

Now, I'll turn it back to our operator for questions.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question, please press star then one on your telephone keypad. If you would like to withdraw your question, 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 star one again to rejoin the queue.

And again, if you would like to ask a question, that's star one on your telephone keypad.

Our first question comes from the line of Kim Sheldon from Anthem Blue Cross. Your line is open.

(Kim Sheldon): Yes. You said there were two ways we could send this file. You said SFTP and you gave another one and I didn't catch that one. Could you repeat that please?

(Brian Pabst): Sure. Hi there, Kim. Connect Direct is the other option. And what we're doing is we're basing it on how you receive your COBA claims and also your eligibility files from us today. So, if you guys use Connect Direct, which I'm not sure if you do or not, that would be the same methodology that you would receive the crosswalks through.

(Kim Sheldon): OK. I think we're mostly SFTP, but thank you.

(Brian Pabst): You're welcome. Thank you.

Operator: Our next question comes from the line of Patricia Gagliardi from IAS. Your line is open.

(Patricia Gagliardi): Hi, Brian. It's Tricia. My question is on the E02 response file. Is it going to contain just the HICN or the MBI or is it going to be both?

(Brian Pabst): The query file, Tricia, will have nothing modified. The ERF contained an additional field. So, it will return the most current identifier that's in place. So, if for example, you're querying us in May 2018, not all, but some of the beneficiaries will by then has been assigned an MBI. If that's what we have as the current -- most current identifier--that's what will be returned to you in what's going to be called the "Medicare ID" field, which today is called the Health Insurance Claim Number field in the E02 layout.

(Patricia Gagliardi): OK. Thank you.

(Brian Pabst): You're welcome.

Operator: Our next question comes from the line of Kathy Barnett from North Carolina. Your line is open.

(Kathy Barnett): Hi. What about the people that have a HICN that's actually 12 characters with the subjects like C13? What happens with those?

Monica Kay: That -- and this is Monica Kay from OIT--if you could send that question to the SSN Removal mailbox; I just want to make sure I give to you the correct answer.

(Kathy Barnett): OK.

Monica Kay: Thank you.

Operator: Our next question comes from the line of Bonita Edwards from Anthem. Your line is open.

(Bonita Edwards): Hi. This is Bonnie Edwards from Anthem. And I caught part of what Patricia asked regarding the query file. Is there going to be a go-between between the plans to make sure the IT resources have a query response file either updated internally once the response files return if CMS is going -- pardon me. Let me back up. If the query file contains the HICN number when it's sent and then the Medicare ID is what is currently in place after 4/18, would that be just an internal change that would need to occur to ensure you're mapping a little bit DCN -- I think it's the DCN number that connects the two. CMS ...

(Brian Pabst): Yes. My understanding, Bonnie, is the DCN -- I believe that's part of the query format today. That will still be there. But one thing -- I'm not sure if this is going to help answer. I hope it will -- is that the ERF, the eligibility response file, really the date where you have the current MBI field displayed, let's just say that the MBI is what's in place at that time. Then on the response file -- the query response file-- that's what will be noted in association with the Medicare ID. So, I don't know if you guys connect your ERF response and your query response, but maybe that's something you can do to make sure that the two are in sync because they should be.

(Bonita Edwards): OK. Thank you.

(Brian Pass): You're welcome.

Operator: Our next question comes from the line of Daniel Cole from Aetna. Your line is open.

(Debbie): Hi. This is Debbie from Aetna Insurance and my question is, will we still be able to request a CWS file twice a year like we currently are?

(Brian Pabst): Now, Debbie, I have to make sure I understand your question. When you say you request the CWF file twice a year, you mean an extract from the BCRC just to make sure your eligibility information is correct?

(Debbie): Yes. That's right.

(Brian Pass): Yes, ma'am. You will still be able to do that.

(Debbie): OK. Thank you.

Operator: Our next question comes from the line of Stephanie Morgan from Pipe Trade Industries. Your line is open.

(Tim Tucker): Actually, this is (Tim Tucker) with the Pipe Trades. And hopefully, this would be like ICD and can be postponed about 10 times, but instead of making us pay for new software, why can't you cross the MBI with the Social Security Number and send the claim via the COBA?

Monica Kay: Hi. This Monica. Thank you for your comment. I'm going to ask that you please submit it to the SNNRemoval@CMS.hhs.gov mailbox.

Operator: Our next question comes from the line of Kelly Kramer from Regence. Your line is open.

(Kelly Kramer): Hi, (Brian). I may have missed this, but was there a test period for the ERF for us to be able to receive those files and do some internal testing or do we just coordinate that with our EDI representative?

(Brian Pabst): Hi, Kelly. It's Brian. We really weren't trying to test this. We -- what we're going to be doing is making this available six months in advance because we normally don't test changes of this nature. We tested ICD-10 because it was an agency-wide directive that we do so. But our model is not normally to test file layout changes and particularly when they're not -- they're not enormous, but we're really not trying to test.

(Kelly Kramer): OK. Thank you.

(Brian Pass): OK.

Operator: And again, if you would like to ask a question, that's star one on your telephone keypad. Our next question comes from the line of Sabrina Freeman from Arkansas Blue Cross. Your line is open.

Sabrina Freeman: Yes. I wanted to just ask Monica about the response she is going to give concerning if the MBI would be more than 11 bytes. She was going to respond to someone. Is that going to go out to the group because I'd like to know as well?

Monica Kay: So, this is Monica from OIT. The MBI will be 11 bytes. It will be a new non-intelligent number. That question was asked regarding the 12 -- the 12 bytes before. And if I'm remembering it correctly, when it comes into us, it's still 11-byte character, but I need to confirm that. But the new MBI will be 11-byte digit characters.

Sabrina Freeman: OK. Even if the previous HICN has more than 11 bytes?

Monica Kay: Yes.

Sabrina Freeman: OK.

Monica Kay: And that question was asked before and I need to give you guys the answer to that.

Sabrina Freeman: Right. And I know you said you were going to respond to her, but I was hoping it would go out to the group.

Monica Kay: What will happen is it will probably get posted on our CMS web site. That way everybody will have the ability to see the answer.

Sabrina Freeman: OK. Thank you.

Monica Kay: All right. Thank you.

Operator: And we have no further questions in queue. Presenters, I'll turn the call back to you.

(Brian Pabst): I want to thank everyone for your attention this afternoon and we really appreciate you asking such good questions. And there will be -- just to let everyone know, although we're not really planning to have future sessions like this, we will be providing alerts throughout the year through our COBA channel. A lot of you are accustomed to our COBA LISTSRV. So, it's just to remind you guys of what's coming up as of January with regard to eligibility response file and also just in general with what can be expected in April next year with claims that could potentially start coming over with MBI.

But other than that, I want to thank everybody and wish you all good afternoon.

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

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