

Centers for Medicare and Medicaid Services
Special Open Door Forum:
New Medicare Card Project
Moderator: Jill Darling
Tuesday, February 6, 2018
2:00 p.m. ET

OPERATOR: Good afternoon. My name is (Jesse) and I'll 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: New Medicare Card Project.

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, please press the star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Ms. Jill Darling, you may begin your conference.

Jill Darling: Thank you, (Jesse). Good morning and good afternoon, everyone. I'm Jill Darling in the MCS Office of Communications, and welcome to today's Special Open Door Forum: The New Medicare Card Project. For today's slides, if you received the announcement today, if you go to www.cms.gov/newcard, click on that link and find Open Door Forum for states and Medicaid stakeholders with today's date, February 6, you will find the slides for today's presentation.

One brief announcement from me, 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 I will hand it over to Lois Serio.

Lois Serio: Hi, everyone. Thank you for joining us today. We are currently in CMS working very closely with the state Medicaid agencies, and we wanted to make sure and help the states reach out to all of their stakeholders that they work with to make sure they're aware of this project and aware of the new Medicare card. So, to that end, we are having our call today, and we're going to walk through the background and give you information about how we are moving forward on this.

So, first, to give you a little background, the Health Insurance Claim Number, otherwise known as the HICN, is the Medicare beneficiary's identification number, which has been used for processing claims and for determining eligibility for services across multiple entities – the Social Security Administration, the states' Railroad Retirement Board, Medicare providers and health plans, just to name a few. The Medicare Access and CHIP Reauthorization Act, otherwise known as MACRA of 2015, mandated the removal of the Social Security Number-based HICN from Medicare cards to address current risk of beneficiary medical identity theft.

Please keep in mind, this legislation does not affect standalone Social Security Numbers. This is just regarding the Medicare health insurance claim numbers that have the Social Security Number-based health insurance claim number. So if you currently use the Social Security Number in your systems or business processes that will continue. This legislation is regarding the health insurance claim number for Medicare beneficiaries, and it will require us to mail out new Medicare cards with the new Medicare Beneficiary Identifier, otherwise known as MBI, by April 2019.

Our primary operational goal is to decrease the Medicare beneficiary vulnerability to identity theft by removing the SSN-based number from their Medicare identification cards and replace with the new unique Medicare number. In achieving this goal, CMS seeks to minimize the burdens for beneficiaries and providers, and to minimize disruption to Medicare operations. It also provides us solution to our business partners that allows

usage of HICN and/or the new Medicare number for business-critical data exchanges; as well as manage the cost, scope, and schedule for the project.

Along with our partners, CMS will adjust complex system changes for over 75 systems, conduct extensive outreach in education activities, and analyze the many changes that will be needed to systems and business processes. Affected stakeholders include the states, their partners, federal partners, beneficiaries, providers and plans, as well as other key stakeholders, such as the billing agencies, advocacy groups, data warehouses, et cetera. CMS has been working closely also with state Medicaid agencies, their partners, and stakeholders to implement this New Medicare Card Project.

So let's talk a little bit about the implementation of the new Medicare numbers. The SSN removal solution from the Medicare number must provide the following capabilities. First, number one, will be to generate a Medicare Beneficiary Identifier, otherwise known as MBI, for all beneficiaries. This includes existing, currently active, deceased or archived, along with new beneficiaries. It will issue new redesigned Medicare cards; so new cards containing the MBI to existing and new beneficiaries. And three, we must modify systems and business processes. So this will require updates to accommodate the receipt, transmission, display, and processing of the MBI. CMS will use an MBI generator to assign 150 million MBIs in the initial enumeration, 60 million active and 90 million deceased/archived, and generate a unique MBI for each new Medicare beneficiary. It will also generate a new unique MBI for a Medicare beneficiary whose identity has been compromised.

So for those of you who are following the slide deck, I'm on slide seven, and we have a visual example of what the HICN looks like today and what the new Medicare beneficiary identifier will look like. So the health insurance claim number today is a primary beneficiary account holder's Social Security Number, plus the Beneficiary Identification Code, otherwise known as BIC. It's a nine-byte SSN, plus a 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 has 11 bytes and the key positions two, five, eight and nine will always be alphabetic.

A little bit more about this new Medicare Beneficiary Identifier, it will have the following characteristics. The same number of characters as the current HICN, 11, but will be visibly distinguishable from the current HICN. It will contain uppercase alphabetic and numeric characters throughout the 11 digit identifier. It will occupy the same field as the HICN on transactions. And very importantly, this number will be unique to each beneficiary. So a husband and wife will have their own number.

It also will be 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 does not or will not contain any embedded intelligence or special characters, and it will not contain inappropriate combinations of numbers or strings 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 let's talk about the new number and the transition period. So the transition period will run from April 2018 through December 31, 2019. CMS will complete its systems and process update to be ready to accept and return the MBI on April 1st, 2018. All stakeholders who submit or received 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 HICN, whichever is submitted on the claim, during the transition period. CMS will actively monitor the use of HICNs and MBIs during the transition period to ensure that everyone is ready to use MBIs only by January 1st, 2020.

For those on the slide deck, slide 10 is the visual representation of the MBI generation and transition period. So it shows you that, again, starting April 2018, the transition period begins, and this is the same time CMS will start to conduct the phase card issuance to beneficiaries. So from April 2018 through December 31st, 2019, you can either use – and CMS will accept either the MBI or HICN.

So using the new Medicare card during the transition. CMS is making systems changes so that when a provider checks a beneficiary's eligibility, the CMS HIPAA Eligibility Transaction System, otherwise known as HETS, will return a message on the response indicating that CMS mailed that particular beneficiary's new Medicare card. Beginning October 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 MBI will be returned on the remittance advice. The MBI will be in the same place you currently get the "changed HICN," which is 835 Loop 2100, Segment NM1, which is Corrected Patient/Insured Name, Field NM109 Identification Code, the use of HICN and MBI for the same person with Medicare on the same batch of claims. So during the transition period, we'll process all claims with either the HICN or MBI, even when both are in the same batch.

For Medicaid and supplemental insurers, we will give state Medicaid agencies and are currently working with state Medicaid agencies, along with supplemental insurers, the MBIs for Medicaid-eligible people who also have Medicare or dual eligible, before we mail the new Medicare cards. During the transition period, we'll process and transmit Medicare crossover claims with either the HICN or MBI. For Railroad Retirement Board beneficiaries, the RRB will continue to send cards with the RRB logo, but you can't tell from looking at the MBI if beneficiaries are eligible for Medicare because they're railroad retirees.

So beginning in April 2018, we'll return a message on the eligibility transaction response for an RRB patient. The message will say "Railroad Retirement Medicare Beneficiary." Again, that will be in 271 Loop 2110C, Segment MSG. Medicare providers must program their systems to identify RRB beneficiaries so they know to send those claims to the Specialty Medicare Administrative Contractor.

Private payers. For non-Medicare business, private payers won't have to use the MBI. We'll continue to use supplemental insurer's unique numbers to identify customers, but after the transition period, supplemental insurers must use the MBI for any Medicare transaction 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 secured lookup tool at 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 a 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 after the transition period starting January 2020. However, once the transition period is over, you'll still be able to use the HICN in certain situations. So certain exceptions apply, and I'm going to talk about it right now Medicare plan exceptions. That would be appeals. You can either use the HICN or the MBI for claims, appeals, and related work. For adjustments, you can use the HICN indefinitely for some systems, drug data processing, risk adjustment processing and encounter data, coordination of benefits, and for all records not just adjustments. And for reports, we will use the HICN on these reports until further notice. Incoming to CMS, quality reporting, Disproportionate Share Hospital data requests, et cetera. Outgoing from the CMS –Provider Statistical & Reimbursement Report, Accountable Care Organizational reports, et cetera.

For fee-for-service claim exceptions will be, again, appeals. You can use either the HICN or the MBI for claims appeals and related forms. Span-date claims, 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, which is 12/31/2019, 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 submit it after December 31st, 2019.

Other exceptions include incoming premium payments. People with Medicare who don't get SSA or RRB benefits and submit premium payments should use the MBI on incoming premium remittances. But keep in mind, CMS will accept the HICN on incoming premium remittances after the transition period

– Part A premiums, Part B premiums, Part D income related monthly adjustment, et cetera.

Slide 16 really talks about some of the milestones from this new implementation. For instance, September – this past September, we mailed out the Medicare & You Handbook with the information about the new Medicare card, including a picture of what the card will look like. September 2017, we gave provider tools to reach their patients about the new card. And now, providers prepare and test providers systems and processes to use the MBI by April 2018. So starting April 2018, all systems and processes must be able to accept the MBI. And beginning April 2018, we will be mailing the new cards. June of 2018, we are expected to launch the provider lookup tool. And again, January 2020 is the end of the transition period.

What; providers and pharmacies need to know to get ready for the new MBI. So, first, we're asking providers and pharmacies to subscribe to the weekly MLN Connects newsletter for updates and new information. We're asking providers and pharmacies to verify your patients' 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 records at SSA using ssa.gov/myaccount. This may require coordination between your billing and office staff. Please 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 it with trusted providers.

In order to get ready to use the new MBI format for providers and pharmacies, 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 cms.gov/newcard. 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 Medicare Administrative Contractor's secure web portal starting in June 2018.

Also, regarding patient history, throughout the transition period, a provider can submit a claim or other transactions, such as eligibility requests, using either the HICN or the MBI. This means the provider could submit a claim or other transaction using a Medicare patient's HICN and maybe pay – and be paid or received eligibility information, even if their Medicare patient already received a new card with an MBI.

CMS will actively monitor the transition to the new Medicare number to confirm that people with Medicare continue to get uninterrupted access to care. This transition period will allow time for pharmacies to ensure that they can process the new MBI in their systems.

E1 transactions for pharmacies. Both the Part D and A/B E1 transactions will return the MBI. Pharmacies may submit the HICN or MBI until the end of the transition period. Pharmacies can explore whether the National Council for Prescription Drug Programs Batch E1 transaction offered to the Part D Transaction Facilitator would be useful – would be a useful method for pharmacies to obtain the MBI for Part B and Part D drug services. For more information, visit either the RelayHealth or the NCPDP website, and that can be found – and if you have the slides on 19, it is medifacd.mckesson.com or www.ncpdp.org.

And now we would go into a little bit of messaging particularly for states, and I'm going to let Godwin Odia talk to you regarding state messaging.

Godwin Odia: Thank you, Lois. The state Medicaid agencies need to reach out to their stakeholders. In fact, they should already have been reaching out. And it would be nice if you know the readiness of the providers in your state regarding the new Medicare card and encourage partner readiness. They are your partners and anyone with whom you do business should be monitoring them and reaching out to them as we transition to the new Medicare card. Your fiscal agents should be ready, ensure they are ready. In fact, they should be on this call. If they are not on it and they should be calling in on the (February) weekly call because they do business on your behalf, and the state Medicaid agencies need to ensure they are ready and will be in compliance as soon as we transition.

The state Managed Care Organizations, MCOs, should be ready. And sometimes the state MCO may also do business with Medicare, not always, but sometimes they do. They will be receiving instruction from Medicare as well as receive instruction from Medicaid. So they are obligated to ensure they comply with both even when they differ because some business transactions are state's specific. So, state Medicaid agencies are responsible for their MCO compliance because they are under contract with state Medicaid agencies. And our mandate to the state shall be passed on to them as a federal mandate on that contract with the states.

There some specific Medicaid providers with whom you may do business, and we encourage you to reach out to them. Those Medicaid providers should be encouraged to transition especially those providers in the middle of "nowhere." And they maybe the only providers to our beneficiaries. If those providers are not ready, it could potentially impact our Medicaid beneficiary. And so you have to encourage them and ensure they are ready, and this includes our rural providers as well.

We encourage you to reach out to other stakeholders with whom you do business or currently exchange or share information that contains Social Security Number-based health insurance claim number because as we transition and after the transition period, which ends December 2019. After the followed compliance of 11/1/20, there are going to be business transactions that are going to change. And so, they should be ready to transition.

Again, any entity acting for and on behalf of the state Medicaid agencies that currently use SSN-based HICN should be ready. If they are not already done now, they should as quickly as possible because effective from April (the) transition time, while they could either/or, if they do not change or prepare for a change, there could be a problem. And if there is a problem, the state Medicaid agencies should be ready to mitigate anything that may come out of that.

SMA or the state Medicaid agencies are encouraged to test with providers and those with whom you do business. In fact, you should already have completed testing by now unless you have delayed testing that has been approved by CMS. And if that is the case, we encourage you to work towards testing. And by now, we should be receiving the test summary report, which will highlight the result of your testing. And we are particularly interested in where they may have the failure and whether that failure, test failure, will have impact in the transition, and if it would, what are you doing to resolve it. And we need that information as quickly as possible. You are responsible – I mean the state Medicaid agencies are responsible for determining the number of tests and any number of providers who may wish to test with the SMA. And we recommend those providers you do have (volume) business with or where there may be problem area and then you test (with them).

So we are here to assist, and we encourage you to do a lot of, again, outreach to everyone with whom you do business. I think there are only about four states, three or four states that do everything by themselves. All of states have fiscal agents and other contractors, they do business on their behalf. And so we encourage you to reach out to them. And if you have any question, continue to send it to us, and we will respond as quickly as possible.

So with that, Lois, I'll give it back to you.

Lois Serio: Thanks, Godwin. Next step, we want to talk a little bit about our outreach and education. So we are working to provide communication materials and information, and reaching out to approximately 60 million beneficiaries, their families, advocacy groups, caregivers, health plans; the provider community. We sent out an all provider letter and fact sheet this past fall. We have quarterly open-door provider forums as well as other forums such as the one today. We are working very closely with the states and territories as well as our other business partners including vendors.

CMS will involve all business partners in our outreach and education efforts, and we're trying to use our existing vehicles for communication. For example, these open door forums – HPMS Notices for Plans, MLN Connects

for Providers. Whatever the communication vehicle we currently use today to get the word out is we are continuing to do through this – for this project.

CMS, as I said, will begin mailing new cards in April 2018, and we will meet the congressional deadline for replacing all Medicare by April 2019. The gender and signature line will be removed from the new Medicare card. Their Railroad Retirement Board will issue their new cards to Railroad Retirement Board beneficiaries. And we will work with states that currently include the HICN on their Medicaid cards to remove the Medicare I.D. or replace it with an MBI.

Again, on slide 20 of our deck will show you a visual of what the new Medicare card looks like as well as the new Railroad Retirement Board card. So if you don't have that in front of you, I encourage you to pull down the deck and see what it's going to look like.

Also, we will conduct intensive education and outreach to all our Medicare beneficiaries beginning from September 2017 through April 2019. As I said earlier, information about the new card was included in the 2018 Medicare & You Handbook that was mailed out this past September. And once Medicare beneficiaries received their new card, along with their new card, they will be instructed to safely and securely destroy their old Medicare cards and keep the new Medicare number confidential. We are also working to develop a secure way for beneficiaries to be able to access their new Medicare number when needed.

We've also put together a lot of resources to help communicate – help you communicate with people with Medicare, and they are available on our website. We encourage everyone to go to cms.gov/newcard. And on this website, we have tabs for plans, providers, states, as well as tabs for partners. And in those tabs, we have different materials that you can use. We have a flyer you can hand out. We have tear-off pads for patients that you can order, poster for providers' offices, conference cards for beneficiaries, as well as other sources of information.

So please use that website. It has all the information that's on this presentation today as well as more information for you. So we can't encourage you enough to go to that website. Get the information you need. If you have any questions, go there. That should help you as well as provide materials and presentations that we give in former venues.

So key points to know before we close, providers, including pharmacies, need to be ready by April 1, 2018 both their systems and business processes. There will be a 21-month transition period from April 1st, 2018 through December 31st, 2019. Providers, including pharmacies, will have three ways to get the new MBI. Patient presents the card at time of service, provider receives it through the remittance advice, and/or the provider obtains it through a secure web portal with the MAC. Providers, including pharmacies, have the resources that I mentioned that you can use when you talk to people with Medicare. And that's on cms.gov, and that is under the Partner & Employers tab.

Final thoughts. We want to thank you for participating in this discussion today. And again, to learn more about this, please go to cms.gov/newcard. And if you have any additional comments or questions, please send them to newmedicarecardssnremoval@cms.hhs.gov. Again, newmedicarecardssnremoval@cms.hhs.gov. Thank you.

Jill Darling: All right, thank you, Lois. Thank you, Godwin. All right, (Jesse), please open the lines for Q&A, please.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question, please press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Please limit your question to one question and one follow-up to allow other participants time for questions. If you require any further follow-ups, you may press star one again to rejoin the queue.

Your first question comes from (Patty Steel). Your line is open.

(Patty Steel): I just wanted to say I found another document on the portal for today's call, but not the 27-slide deck that you were referring to. Will that be posted later?

Lois Serio: That should be posted already on ...

(Patty Steel): And it's not – it's not there. It's a two-page document (inaudible) that's about the call today.

Lois Serio: If you could send your request to the e-mail box, we'll make sure we send that to you.

(Patty Steel): OK. Thank you. (That'll be good). I have the old one. I just need the new one. Thank you.

Operator: Your next question comes from (Dale Gibson). Your line is open.

(Dale Gibson), your line is open.

(Dale Gibson): Yes. I'm sorry. And maybe I have two quick questions. One, if they're mailing out to deceased patients, are they mailing them to their previous address? And my second question, which is my main question, is there is a problem now processing no-pay claims with Medicare Managed Care payers. This is only going to increase that as a problem. Have you talked with the Medicare vendors to make sure they will accept the new one or the old one or even possibly, even process the claims correctly? I'm talking about the no-pay claims, getting information to be able to file a no-pay claim to Medicare.

Lois Serio: Hi, thank you. First of all, for deceased beneficiaries, we are not intending, nor will we mail any cards out to deceased beneficiaries. We will have to provide a number for them in our system for historical purposes and research purposes. But we are only mailing cards to act – current active beneficiaries.

And for your second question – and so to address the second question, two things, first of all, can you please send that question to our CMS mailbox so we can make sure we give to you the most accurate answer. And the second part is that we released a number of health plan management memos that came out through our HPMS system and that has all of the details regarding the implementation. So I would encourage you to obtain that from a plan perspective.

Operator: Your next question comes from (Kelly Yang). Your line is open.

(Kelly Yang): Hello. I'm from – under health care plans and my question is around the crosswalk file. Do you know when the crosswalk file will be delivered to the plans? And then also, are you going to provide a test on (MOCS) file ahead of time?

Lois Serio: Hello. Please read the HPMS memos that recently have come out. That has all of the details regarding the crosswalk and the distribution, and the other actions that you need to take regarding that crosswalk file. And this is the health plan memos that have been recently distributed.

Operator: Your next question comes from (Mary Ordon). Your line is open.

(Mary Ordon): Thank you. You gave an exception for the home health claims if they have a from date that is before December 31st, 2019, if I understood that correctly. Is there an exception for hospice from date?

(Tracy Mackey): This is (Tracy Mackey) from the (Provider Billing Group). And no, there is not an exception for hospice claim.

(Mary Ordon): So hospices need to be ready definitely in April by you're saying the transition period of 12/31. After that point, they definitely have to use the new number.

(Tracy Mackey): That's correct.

(Mary Ordon): OK. So is there any justification for why they allowed it for home health and not hospices? Is it because of claims are more complicated for home health? I'm with the home health agency. That's why I'm asking.

Lois Serio: If you would want to send that to our mailbox and we'll try to find ...

(Mary Ordon): OK, but did I understand that correctly for home health, if the from date has a from date of December 31, 2019, they can continue to use the HICN?

Lois Serio: That's correct.

(Mary Ordon): Great, thank you.

Lois Serio: If the episode started before, you can continue to process that claim under the HICN.

(Mary Ordon): OK, but not hospice, got it.

Lois Serio: Yes.

(Mary Ordon): OK. Thank you for the clarification. It's very good.

Operator: Your next question comes from (Shay Vaughan). Your line is open.

(Shay Vaughan): Hi, slide 13 of the November 9th, 2017 presentation for the new Medicare card states that providers will be able to access the beneficiary MBI through a secure look up tool, can you provide information on how we access that tool?

Tricia Rogers: Hi there. This is Tricia Rogers and we sent letters to every Medicare-enrolled provider in September or October of 2017. If you didn't get a letter, you can go to the new Medicare card webpage and there is a copy, a sample of the letter, which also tells you to go to your Medicare Administrative Contractor or MAC to get access to their secure portal.

If you don't know who your MAC is, there is a link in the letter that shows you MACs by state and their portal URL information when you click on that it will take you to the MAC portal page, and it will walk you through how to get access to the portal. Then beginning in June 2018, you will be able to use Medicare patient's first name, last name, date of birth, and Social Security Number to look up individual Medicare patient's MBIs.

(Shay Vaughan): And we'll be able to do that through the MAC or through CMS in June?

Tricia Rogers: It would be – yes, it would be through the MAC portal in June.

(Shay Vaughan): OK. OK. Thank you.

Tricia Rogers: You're welcome.

Operator: Your next question comes from (Wendy Jarmilo). Your line is open.

(Wendy Jarmilo): Yes. I was just wanting to get that e-mail address I could send a request to because I wasn't able to get the slideshow as well.

Lois Serio: That address is newmedicarecardssnremoval@cms.hhs.gov.

(Wendy Jarmilo): OK, thank you.

Operator: Your next question comes from (Emilia Hilbick). Your line is open.

(Emilia Hilbick): Hi. Good afternoon. I was just wondering about the MMP finder file, which the states submit to CMS through the third-party vendor of RTI. We were informed we would be getting an e-mail at the end in January with this new file format but we have not received that. Do you have any information on this?

Lois Serio: If you could send that question in – that to the e-mail address, we'll check that out and get – respond back.

(Emilia Hilbick): All right, thank you.

Operator: Your next question comes from (Barbara Zimmer). Your line is open.

(Barbara Zimmer): Hey. Thank you. Medicare originally said that there wouldn't be a dedicated period for provider testing prior to – prior to April 2018, and we (should do the) transition period to troubleshoot issues. Is that still the case? Or is there going to be dedicated provider testing period?

Lois Serio: That is still the case. We are working with the state Medicaid agencies, and testing with them and their systems. And we are also encouraging the states to test with their external partners, which includes providers.

(Barbara Zimmer): OK, thank you. I appreciate that.

Operator: Your next question comes from (Stephen Keister). Your line is open.

(Stephen Keister), your line is open.

Your next question comes from (Beth Mansy). Your line is open

(Beth Mansy): Yes. I know we mentioned the crosswalk files being available in a memo that came out recently. I believe they only mentioned the (MOCS) file, crosswalk files. What about the COBA crosswalk files?

Lois Serio: So you should be reaching out to your representative to find out about that date for the COBA file. We believe that it's coming out in February, but there should've been a communication to your representatives regarding the COBA file transaction.

(Beth Mansy): OK. And a follow – just a quick follow-up, if we have any problems accessing those crosswalk files, what is the protocol that you suggest we take?

Lois Serio: If you could send that, too, we'll make sure we get the instructions to you. If you could send that to the mailbox – we'll respond. Thank you.

Operator: Your next question comes from (Pat Pears). Your line is open.

Operator: (Pat Pears), your line is open.

(Pat Pears): OK, I didn't understand the pronunciation. Yes. What is CMS doing to ensure that transit agencies around the country and passengers who use the Medicare card as required by federal law for a discount fare receive the information about the new card?

Lois Serio: So could you give us – you're talking about transit companies? Could you explain a little bit more about that?

(Pat Pears): I was afraid you'd – there is a federal law for transportation, public transportation that says that persons who present a Medicare card cannot be charged more than half-fair during off-peak hours. What is CMS doing to make sure this information goes out to either the Federal Transit Administration or the state DOTs who fund services but the passengers have to know this information also?

Lois Serio: So if you could send that in, we'll make sure we – for one – first, I guess the new card, they can still continue to show the Medicare card. It will still – it's

similar in looking and it's a valid card. So nothing is going to change because it's a new card, but if you wanted to send that in, we'll make sure that the agent – other agencies involved are aware of this.

(Pat Pears): Thank you very much.

Lois Serio: Thank you.

Operator: Your next question comes from (Laura Masonholder). Your line is open.

(Laura Masonholder): Thank you. My question is regards to claim submission with the new Medicare I.D. number. It specifically, since the designation between railroad and the new Medicare card is only going to be simply the symbol on the card – sorry, one more thing. I want to back up. We're in ancillary service, so we don't see patients. It's very rare that we get a copy of the card. So the reason why I was asking about the claim submission is on slide 12, it was saying, you know, I understand that they said that the eligibility transaction response.

My question is, is that when we actually submit the claim, is it going to make it through the claims gateway as an error that we can work on, on the front end? Or are we going to have to wait for claim denials on the backend and have even more of a delay for claims?

Tricia Rodgers: So thanks for that question. We will – there will be a response when you submit a claim to a MAC that is not a specialty MAC and it should be – it should've gone to the specialty MAC. You will get a message back saying "This is a Railroad Retirement Board beneficiary, you need to submit the claim to the specialty MAC." And that way, you will know to update your system to mark that beneficiary as a Railroad Retirement Board beneficiary and also to submit that claim and all future claims to the specialty MAC.

(Laura Masonholder): OK, so just to be clear, it's going to be on the frontend, not on the...

Tricia Rodgers: No, it will go through – you will get it in – in a remittance advice.

(Laura Masonholder): OK, so it's going to go all the way through the claims process as a denial stating send the Railroad.

Tricia Rodgers: Just like it does today. That's right.

(Laura Masonholder): OK, yes. And I had sent several inquiries over the past year to the same web address that you're asking us to send all these questions to with no response, simply, you know, asking this question of could there be some type of identifier between the two. Because I'm sure I'm not the only provider that is an ancillary service. We do not see the patient directly. And I can tell you all referring physicians really don't get you that information. So it's very difficult to get that information. So when you call a patient, it puts them on alert as well, so when you're asking for their Medicare I.D. number.

So I mean that was just a concern. I just wanted to let you guys know that there was no response when I did send it to that e-mail address, the newmedicarecardssremoval. And I had sent it several times with no response. So I'm just saying, putting it out there, because I know that this whole program has gone forward where there's no way that they'll probably go back and change anything, but I just wanted to put it out there and wanted to know how we were going to have to work this.

So unfortunately, it's going to affect us in a really negative way that we're going to have to wait anywhere from 30 to 60 days for a claim, because we have to – for payment, because we're going to have to go through the whole claims process.

Tricia Rodgers: Yes, thank you for that information, for that feedback. So the process isn't changing from what it is today, so if you don't get their HICN today, it's the same thing that you would need to go through the process and get a remittance advice to find out that you need to send it to the specialty MAC.

And I will say though that you can also do – we have heard from ancillary providers who don't see patients, and we encourage folks to work with the providers who do see the patients to coordinate and coordinate getting their new Medicare beneficiary identifier from the provider, possibly encourage you to look at your processes today to see where things can change, to record those numbers that come in, and other processes that can be done. When you

find out what that number is, perhaps you can look up in the secure portal.
Perhaps you can look up with the ...

(Laura Masonholder): We won't be able to look if we don't have a Social – but...

Tricia Rodgers: Well ...

(Inaudible)

(Laura Masonholder): I'm sorry to cut you off, but I just kind of – we've tried several different routes over the years to try to get all the information that is necessary because this is something. It's a crutch, a big crutch for us anyway in a regular business process. But my – these are some type of letter that you would maybe think of off the top of your head on cms.gov that we could issue out to our – just in a general way, to issue to our providers and saying you know, "Hey, this is something that is changing," or should – do you suggest we just devise our own?

Tricia Rodgers: Well, we're ...

(Laura Masonholder): (Inaudible).

Tricia Rodgers: ... doing a massive outreach campaign with Medicare-enrolled providers. They do know this is happening that the change is coming and that they need to get their systems ready for this. So we appreciate the feedback.

(Laura Masonholder): OK. Thank you.

Tricia Rodgers: We have – Thanks.

Operator: Your next question comes from (Jill Pfeiffer). Your line is open. (Jill Pfeiffer), your line is open.

Your next question comes from (Bob Stirrings). Your line is open.

(Bob Stirrings): Hi, good afternoon. Thank you for the call. One – a couple of things, one, we currently get most of our eligibility and benefits through the third-party vendor like (Passport or/and beyond). Will the information available or the

search – the secure look up, will that be available through your third-party eligibility vendors that currently gives the 271 response?

Tricia Rodgers: So we encourage you to work with the provider and the MAC – the provider that you represent or that you and your service work together and contact the MAC to find out what if and what the MAC would need to allow a third-party vendor to come under your number to do those searches. Each MAC has a little bit of a different process and so I encourage you to ...

(Bob Stirrings): All right.

Tricia Rodgers: ... reach out to the MAC and find out.

(Bob Stirrings): OK. And a follow-up question, understand that the mail out schedule has been established. Is there a place I can find that for our beneficiaries to (confirm) facilities?

Lois Serio: It is on cms.gov. So on the website, new card – cms.gov/newcard. We do have a link to that schedule.

(Monica Kay): And just additionally ...

(Bob Stirrings): Thank you so much.

(Monica Kay): ... and just additionally for the people ...

(Bob Stirrings): Yes?

(Monica Kay): ... who have the plan information, you could also go to the cms.gov/newcard for the HPMS, so link to the health plan management system memos and that will give you all the plan information and crosswalk information once you get on to that particular site.

Jill Darling: And (Jesse), we'll take one more question, please.

Operator: Your last question comes from (Deb Weber). Your line is open.

- (Deb Weber): Hi, thank you. I have a question about how you are going to handle replacement cards, if the beneficiary indicates they didn't get the new mailing and the new card. Will you be sending out the replacement card with a new MBI or will you send it out with the one you sent out initially?
- (Monica Kay): Hi. This is (Monica). So we're doing a large ...
- (Deb Weber): I'm sorry. Did you hear me? Oh ...
- (Monica Kay): ... we're doing a large education and outreach to our beneficiaries regarding the new Medicare card in general. And so CMS is working on processes of – by which if seniors do not receive their new Medicare card that we will reissue them. We are also working on processes if their card has been compromised. So that education and outreach is going direct to the beneficiaries, their caregivers and advocates to help them prepare for the change.
- (Deb Weber): So the reissuing where they don't feel like their identity was stolen but they just didn't receive it. That reissuing would have the original MBI on it? Is that a true statement?
- (Monica Kay): That is correct. In cases where there's been ...
- (Deb Weber): OK, thank you.
- (Monica Kay): ... a medical identity theft and it's been compromised, we will reissue a new number.
- (Deb Weber): OK, thank you very much.
- Jill Darling: All right. Well, thank you everyone for joining today's Special Open-Door Forum and have a great day.
- Operator: This concludes today's call. You may now disconnect.

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