

Centers for Medicare & Medicaid Services
Social Security Number Removal Initiative
Open Door Forum
Moderator: Jill Darling
June 08, 2017
2:00 PM ET

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 & Medicaid Services Social Security Number Removal Initiative 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 "1" 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: Thank you (Amy). Good morning and good afternoon everyone, I'm Jill Darling in the CMS office of communication and welcome to today's SSNRI open door forum. Before I hand the call off to our speaker Monica Kay, one brief announcement from me.

This 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 enquires please contact CMS at press@cms.hhs.gov. And now off to Monica.

Monica Kay: Thank you Jill, welcome everyone and good afternoon. Today I have a lot of good and valuable information to talk to you about today. Some of it you may

already be aware of via the information from other open door forums or from our current press release, but I wanted to come to you all today and just provide an update.

So for some of you, it may be a refresher on some of our background materials, but there's a lot of good information that we want to share. I also want to let you know that I have several of my CMS colleagues who are subject matter experts in their areas and they'll be available to answer questions at the end of the presentation.

So starting with the background, as you well know, the health insurance claim number or HICN is a Medicare beneficiary's identification number. This is used for processing claims and determining eligibility for services across multiple entities. This includes the Social Security administration, the Railroad Retirement board, State Medicare Providers, and health plans.

From the Medicare Access and CHIP Reauthorization Act which is MACRA of 2015, that mandated the removal of Social Security number based HICN from the Medicare card to address the current risk of beneficiary medical identity theft. That legislation mandates that CMS must mail out new Medicare cards with the new Medicare Beneficiary Identifier or in MBI by April the 2019th.

The goals for the Social Security number removal initiative is to decrease the Medicare beneficiary's vulnerability to identity theft. This includes removing the SSN based HICN their Medicare identification card and replacing that HICN with a new Medicare beneficiary identifier.

We want to minimize the burden to our beneficiaries, our providers, minimize disruption to our Medicare operation, and provide a solution for our business partners that allows the usage of the HICN and/or MBI for our business critical data exchanges. And then of course CMS must manage the cost, scope, and schedule for the project.

So, this involves complex IT systems that affect our providers, our partners, our beneficiaries, and other stakeholders. CMS will need to address the

complex system changes for over 75 systems. We will also need to conduct extensive outreach and education and analyze the many changes that will be needed to be made to our systems and business processes.

Our effective stakeholders include federal partners, states, beneficiaries, providers, and plans, as well as our other key stakeholders such as billing agencies, advocacy groups, and data warehouses. We have been working closely with all of our business partners and stakeholders to implement the Social Security Number Removal Initiative.

So, now let's talk a little bit about the implementation of SSNRI. The concept for the new Medicare beneficiary identifier or MBI must provide the following capabilities. We must generate MBIs for all of our beneficiaries. This includes our currently active, deceased and archived, and any new beneficiaries coming into the Medicare program.

We must issue new redesign Medicare cards, and these new cards contain the Medicare beneficiary identifier for our existing and new beneficiaries. And then, we must also modify our systems and business process and this requires updates to our systems and processes to accommodate the receipt, transmission, display, and processing of the MBI. CMS will use an MBI generator to assign over a 150 million MBIs in our initial enumeration.

This includes 60 million active and 90 million deceased and archive, as well as generate a unique MBI for each new Medicare beneficiary. We must also generate a new unique MBI for Medicare beneficiaries whose identity has been compromised.

The differences between the HICN and the new MBI number are different because the health insurance claim number is the primary benefits account holder Social Security number plus the beneficiary identification code which is the BIC. It's a nine by HICN plus a one or two by BIC and the key positions in the current HICN one through nine are numeric.

In the new Medicare beneficiary identifier, or MBI, it will be a new non-intelligent unique identifier. It will also be 11 bytes and key positions, two,

five, eight and nine will always be alphabetic. And if you go to our forum on YouTube channel, you'll see an example of the current SSA HICN and the new MBI.

Some of the MBI characteristics are as follows. The MBI will have the same number of characters as the current HICN but will be visibly distinguishable from the HICN. The MBI will contain upper case alphabetic and numeric characters throughout the 11 digit identifier. The MBI will occupy the same field as HICN on transactions.

Most importantly, the MBI will be unique to each beneficiary. For example, the husband and wife will have their own MBI. The MBI will be easy to read and limit the possibility of letters being interpreted as numbers. The alphabetic characters will be upper case only and will exclude the letters S, L, O, I, B and Z.

The MBI will not contain any embedded intelligence or special characters, nor will it contain any inappropriate combinations of numbers or strings that may be offensive. CMS anticipates that the MBI will not be changed for individuals unless MBI is compromised or for other limited circumstances that we are still undergoing review for.

Now, let's talk a little bit about the MBI generation and transition period. CMS will have a transition period that will start in January of 2018, where we will begin with the activation of the MBI generator and translation services. From April of 2018 through December 31st of 2019 is our transition period where we will both accept and process the HICN and MBI on transactions.

From April 2018 through April 2019, CMS will conduct a phase card issuance to our beneficiary. CMS looks to complete its systems and process updates to be ready to accept and return the MBI on 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 2018. Stakeholders may submit either the MBI or the

HICN during the transition period, and that transition period will run from April 2018 through December 31st of 2019.

Again, CMS will accept use for processing and return to stakeholders either the MBI or the HICN whichever is submitted on a claim during the transition period. And CMS plans to actively monitor the transition and adjustment to the new MBIs to ensure adoption so our Medicare operations will not be interrupted and that everyone is ready to use only MBI by January of 2020.

So additional information on the transition period, beginning October 2018 through the end of the transition period, when you submit the HICN is submitted on the Medicare fees for service claims, both the HICN and the MBI will be returned on the remittance (advice).

Specifically, the MBI will be in the same place you currently get the changed HICN which is 835 loop 2,100 segment N as in Nancy, M as in Mary, one which is the corrected patient insured name and the field N as in Nancy, M as in Mary 109 the identification code. Use of the HICN and MBI for the same patient on the same batch of claims during that transition period will process all claims with either the HICN or the MBI even when both are in the same batch.

And additional information for our Medicaid and supplemental insurers, we will give state Medicaid agencies and supplemental insurers the MBIs for Medicaid eligible people who also have Medicare before we mail the new Medicare cards. During the transition period we will process and transmit Medicare cross over claims with either the HICN or the MBI.

Additional information for our Railroad Retirement Boards and beneficiaries and people who process their claims, we'll return a message on the eligibility transaction response for RRB beneficiaries.

That RRB beneficiary will continue excuse me, the Railroad Retirement Board will continue to send cards with the RRB logo, but you won't be able to tell from looking at the MBI if the beneficiary is eligible for Medicare because they're Railroad retirees. Medicare providers must program their systems to

identify RRB beneficiaries so they know to send those claims to our specialty Medicare administrative contractors.

For our private payers, for non-Medicare business private payers won't have to use the MBI. We will continue to use supplemental insurance unique numbers to identify customers. But after the transition period, supplemental insurers must use the MBI for any Medicare transactions where they would have used the HICN.

In addition, in the most recent update is that CMS is working to develop capabilities where providers will be able to access a beneficiary's MBI through a secure look up tool at the point of services.

In instances where a beneficiary does not have a new Medicare card at a providers office, CMS believes that this look up tool will give providers a mechanism to access a beneficiary's MBI securely without disrupting their workflow.

CMS is also making systems changes so that when providers checks a beneficiary's eligibility, the CMS HIPAA Eligibility Transaction System or HETS will return a message on the response indicating that CMS mailed that particular beneficiary a new Medicare card.

Now, let's talk about some of the exceptions after the transition period where you'll still be able to use a HICN in those particular situations or plans. You'll be able to use a HICN on appeals requests and related forms that will be accepted with either a HICN or MBI.

You will also be able to use it for adjustments. HICNs can be used indefinitely for certain systems that includes the drug data processing system, risk adjustment processing system and encounter data system for all records that are not limited to just adjustment.

For claims and other type of exceptions, you will be able to use a HICN for incoming information requests; that includes enquiries, Medicare secondary payer information requests and requests for medical documentation. You will

also be able to use a HICN for incoming premium payments, this includes Part A, Part B, Part D income related monthly adjustment amounts.

You will also be able to use a HICN for span date claims. This includes the 11x inpatient hospital, 32x home health and 41x religious non-medical healthcare institution claims with a (firm) date prior to the end of the transition period which is 12/31/19. You will be able to use a HICN as an exception for reports.

This includes incoming reports to CMS which includes the quality reporting and disproportionate share hospital data requests and outgoing reports from CMS which includes providers statistical and reimbursement report, as well as the accountable care organization reports.

Now, let's talk a little bit about card issuance. CMS will begin mailing new cards in April of 2018, and will meet the congressional deadline for replacing all Medicare cards by April of 2019. As a point of note, the gender and 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 are working with the states that currently include HICN on their Medicare cards to remove the Medicare ID or replace it with the MBI or other identifier.

And then, of course, CMS plans to conduct intensive education and outreach to all Medicare beneficiaries, their families, caregivers and advocates to help prepare for this change.

That education and outreach includes 50 million beneficiaries, their families, advocacy groups and caregivers, health plans, the provider community, states and territories, and other business partners which includes our vendors.

CMS will involve all business partners in our outreach and education efforts through their existing vehicles for communication, and that includes our open door forums that we're having today, our HPMS notice and our MLN connect messaging.

For beneficiaries, beneficiaries will get information about the new card in 2018 via the Medicare & You handbook that they will receive this October. Once they receive their new cards, beneficiaries will be instructed to safely and securely destroy their old Medicare cards and keep the new MBI confidential.

A robust, broad based outreach and education campaign aimed at beneficiaries will begin with the mailing of the Medicare handbook in September of 2017 and will continue through April of 2019. And as stated before, CMS is also working to develop a secure way for beneficiaries to be able to access their MBIs when needed.

So, the question becomes what do you need to know to get ready for the new MBI? The first thing that you can do is subscribe to the weekly MLN connect newsletter for updates and new information. Also have your patients verify their address. If needed ask your patients to correct their address and Medicare's record through the Social Security Administration. This may require some coordination between your billing and office staff.

The biggest thing is get ready to use the new MBI format. Ask your billing and office staff if your system can accept 11 digit alpha numeric MBI. If you use vendors to build Medicare, ask them about their MBI practice management system changes and make sure they are ready for this change.

The next information that I wanted to share with you is just some of our implementation milestones so you get a sense of where CMS is and our planning and operational activities. We have done a number of things since the enactment of the law.

We have launched our SSNRI web content on cms.gov in March of 2016, we have conducted listening sessions with our external stakeholders from March to August of 2016. We have also launched additional web content based on feedback and we've received from you on our website.

In September of 2016 we have done – completed testing for our MBI and completed development in May. So, as we look forward to the rest of our implementation activities, in September of 2017, again as it was stated before, the Medicare & You handbook will be mailed out to beneficiaries regarding information about their new Medicare card and that begins with robust education and beneficiary outreach.

In the upcoming years of 2018 through 2020, as of April 1st 2018 we're asking that all of our stakeholders and their systems and processes are able to accept the new Medicare beneficiary identifier or MBI.

In April of 2018, that's also when we plan to distribute our Medicare cards with the MBI to over 60 million beneficiaries. In October of 2018, we plan to return the MBIs on remittance advice and that will be our expected planned launch of our provider look up tool.

As a part of the law, by April 16th of 2019 that's our deadline for issuing all of the Medicare cards to our beneficiaries. And as of January 1st, 2020 HICNs will no longer be exchanged with the limited exceptions that we mentioned before. I would like to thank you for participating in this discussion today. I know it was a lot of information to distill and it's a lot of questions that you may have regarding this effort.

I want to let you know that we have listened to you during our previous open door forums and we have implemented some the very suggestions that you've mentioned. Again, please continue to participate in our open door forums. We will let you know when they occur and when they are scheduled through our MLN connect.

You can always go to our SSNRI website for more information, and that website address is <http://go.cms.gov/ssnri>. And you can also access HPMS or the Health Plan Management System for technical information related to plans.

If you have any questions or comments whatsoever for the SSNRI team please send them to ssnremoval@cms.hhs.gov. That's the information for today and we look forward to your questions. Jill.

Jill Darling: Thank you, Monica. (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 press "star" then the number "1" on your telephone keypad. If you would like to withdraw your question, please 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 1" to rejoin the queue. Your first question today comes from the line of Barbie Hayes of AAFP, your line is open.

Barbie Hayes: Hi, thank you so much for taking our calls today. I just want to say thank you again for everything you guys have done. You've made some amazing progress and taken all of our suggestions from all the societies and making this transition to the transaction system for checking eligibility, that's just kudos.

That's an amazing step and we really, really appreciate that. The first question, all of this information that you have given us today, when will that be on the website because I was trying to take notes and I've failed miserably so?

Monica Kay: Hi, so this is Monica. The first is thing is that it's being posted to our CMS YouTube and that link will be pushed out shortly. And the other piece of it is that information will also be posted, this presentation will also be posted to the website in a couple of days.

Barbie Hayes: In a couple of days, great perfect. And then, I did have one other question, well you know what, I'll go back into the queue, not a problem. Thank you.

Operator: Your next question comes from the line of (Shayvon) of Allscripts, your line is open.

- (Shayvon): Hi, I wanted to thank you for taking my question. I wanted to find out when CMS will be providing more information on what the new cards will look like, the new ID cards will look like if they'll be plastic or continue to be paper, if they'll have that those you know the red and blue stripes at the top. Just some details on what the card will look like.
- Monica Kay: Thank you for question, this is Monica again. The first thing is that it will be a paper card, and the second piece of that is that we're working on the implementation rollout of our card design as well as other educational materials that will be pushed out to the providers. And I'll open it up to other subject matter colleagues to speak on it. And that is it, did you have any other question?
- (Shayvon): No, that's all I needed. Thank you so much.
- Karen Jackson: I'll just add a little bit on the rollout of the card itself. That will be rolled out around the same time – sometime late summer, early fall. We certainly want to make sure that beneficiaries and clinicians and other care providers are familiar with it as we're getting ready to send out the Medicare & You handbook.
- Operator: And again, if you'd like to ask a question, please press “star” then the number “1” on your telephone keypad. Your next question comes from the line of (Kelly Showel) of Exact Sciences, your line is open.
- (Kelly Showel): Hi, thanks for taking our question. The clarification I wanted from you and again I think the other caller was not able to document a ton of notes on this, but did we hear correctly that for the Railroad line of business that the only indicator that it is a patient that's covered under that is the actual logo on the beneficiary card itself?
- Monica Kay: And this is Monica and I'm going to get a little bit of help from Tricia Rodgers. Can you address that please, Tricia?
- Tricia Rodgers: Yes, so this is Tricia, thank you for your question. The beneficiaries who have entitlement under the Railroad Board will - the logo will be on their card

and it will be issued from the RRB as it is today. But also, when a provider looks up a beneficiary in our HETS system, we will return information if that beneficiary is eligible based on Railroad Retirement Board qualifications. So, you'll have it in both areas.

(Kelly Showel): OK, thank you.

Tricia Rodgers: You're welcome.

Operator: Your next question comes from the line of Barbie Hayes of AAFP, your line is open.

Barbie Hayes: Thank you for allowing a second question. I heard a couple of references about wanting to get the systems ready for testing the 11 digit number. Is there any plan in place or are we just waiting until the cards are going to be issued in that April for that transitional period much like we had for ICD-10 transition? Are we just going to just kind of hurry up and wait for that April 2018 time period or is there any preliminary testing for that in place?

Tricia Rodgers: Hi, this is Tricia; thanks again for your question. We encourage you to test internally any changes that you need to make to your system to accept the MBI and use the MBI. And you're right, with CMS, we encourage you to use the transition period to submit the MBI and get any information back that there might be an issue with how you've submitted or transmitted the MBI through our systems.

Operator: And again if you'd like to ask a question, please press star then the number 1 on your telephone keypad. And there are no further questions left in the queue, I turn the call back over to Ms. Darling.

Monica Kay: So again, we would like thank you at CMS for participating in our open door forum and we would encourage you to ensure that you check out our website, we will provide the presentation materials as well as other information on an updated and periodic basis on our website.

Additionally, if you have any other comments or questions whatsoever, please send them to ssnremoval@cms.hhs.gov. The biggest thing is that we want to make sure that we're working with you and that we get your feedback and we're able gauge where you are during our implementation activity. Again, thank you so much. Jill?

Jill Darling: All right, thank you everyone again for joining us. The next SSNRI Open Door Forum is to be determined so you'll get an e-mail letting you know when that is. So, we appreciate your time, everyone thank you.

Operator: Thank you for participating in today's Social Security Number Removal Initiative Open Door Forum. This call will be available for replay beginning at 5 pm today June 8th through midnight on June 22nd.

The conference ID number for the replay is 49245300. 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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