

Centers for Medicare & Medicaid Services
New Medicare Card
Open Door Forum
Moderator: Jill Darling
Thursday, September 13, 2018
2:00 p.m. ET

Operator: Good afternoon, my name is (Jaime) and I will be your conference facilitator today. At this time I would like to welcome everyone to the Centers for Medicare & Medicaid Services New Medicare Card 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, simply press star then the number 1 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 (Jaime), good morning and good afternoon everyone. I'm Jill Darling in the CMS office of communications and welcome you today's New Medicare Care Open Door Forum. Before we get into today's presentation, I have one brief announcement.

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 enquiries, please contact CMS at press@cms.hhs.gov.

And now I will hand over the call over to Lois Serio.

Lois Serio: Hello everyone, we're here today to make sure everyone has the latest updates and information on the new Medicare card project. We are now live starting in April 1st, 2018 moving until January 1st, 2020 we are accepting and

receiving the new MBI. We have started mailing new Medicare cards and we've also launched the provider look up tool for the MBI.

Starting in October, we will start returning the MBI on the remittance advice that is shared with downstream partners. So we are providing the following; we have generated Medicare beneficiary identifiers for all beneficiaries, we have modified CMS's systems and business processes to accommodate the receipt, transmission display and processing of the MBI and we have issued new redesigned Medicare cards.

Just to give you a little background and reminder on what the new Medicare beneficiary number or MBI will look like and the characteristics, it is the same number of characters as the current health insurance claim number, 11, it will be visibly distinguishable from the health insurance claim number otherwise known as HICN

It's going to contain upper case alphabetic and numeric characters throughout the 11 digit identifier, it's going to occupy the same field as the HICN on transactions. And very importantly, it is unique to each beneficiary. A husband and wife will have their own number and it is easy to read and limits the possibility of letters being interpreted as numbers.

Alphabetic characters are upper case only and will exclude the letters S, L, O, I, B, and Z. It does not contain any embedded intelligence or special characters and it will not contain any 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 has been compromised.

You will be able to tell the difference between what the MBI looks like versus the current SSN based HICN just by visually looking at it. And as I said earlier, we are in a transition period occurring now. So April 1st the transition period began and it will run through December 31st, 2019. We are accepting during this period and using for processing and returning to stakeholders either the MBI or HICN during this period of time.

Whatever is submitted on the claim we will accept until January 1st 2020. So all stakeholders who submit or receive transactions containing the SSN based HICN should now be ready to submit or exchange the MBI. We will be actively monitoring the use of the HICNs and the MBIs throughout this transition period to make sure that everyone is ready to use MBIs only, by January 1st, 2020.

We do however have several exceptions where the HICN will be used after the transition period ends. We encourage everyone to go to our [cms.gov/newmedicarecard](https://www.cms.gov/newmedicarecard) website that will give you detailed, in depth information on these exceptions. But for very high level overview, all appeals will be accepted and processed using either the HICN or the MBI.

Claims status, span date claims for inpatient hospital, home health, religious non-medical health care institutions and adjustments will continue to use HICN. Any information requests we will accept either the HICN or MBI. Premium billing, the incoming premium payments for parts A, B, C and D IRMAA will accept either number on your premium payments.

Incoming reports will continue to except either number. And there are several Care models, Oncology Care Model for instance, the Million Hearts data registry, those will accept either number after the transition. So again prescription drug events we can – we encourage you to go the website to get all the specifics.

Some key points that providers need to know, providers should be ready now as I said the MBI is out there. Providers have three ways to get the new MBI. First and foremost the patient will present the card at the time of service, but the provider will also be able to obtain it through a secure web portal with the MAC, and the provider will receive it through the remittance advice starting this October 2018.

One important note though is providers please remember you, you can receive and process all claims with either the HICN or MBI until January 1, 2020. And we do have resources for providers to use when they talk to their patients

and to their Medicare beneficiaries and that is on cms.gov under new Medicare card outreach and education.

So using the new Medicare card –for providers, they will be able to look it up as they said or they will be able to look up the MBI on their MAC portals. They will need to enter a valid national provider ID and enter the valid user ID and password to look up the beneficiary's MBI. Providers and suppliers will need to know the following beneficiary information to look up the MBIs; they will need the patient's Social Security number, the patient last name, first name and date of birth.

Keep in mind that providers and suppliers can use any MAC portal to look up a patient's MBI, and additional information can be found under the provider tab at [cms.gov/newcards](https://www.cms.gov/newcards). Again providers can also reference the portal instructions that were sent out last September. Keep in mind when a provider checks the beneficiary's eligibility the CMS HIPAA eligibility transaction system otherwise known as HETS will return a message on the response if CMS already mailed that particular beneficiary's new Medicare card.

And then beginning October 2018 through the end of the transition period, when a provider submits a valid and active HICN on the Medicare fee for service claim, CMS will return both the HICN and the MBI on the remittance advice. So some important clarifications for the new Medicare card, as we go out and talk to folks and educate, we hear certain things and we want to make sure we relay those issues that we are hearing or confusion points to everyone to help make sure that everyone is clear and can help respond to the beneficiary appropriately.

So again the new Medicare number is the unique combination of numbers and letters, and the new number uses numbers zero through nine and it never uses the letters S, L, O, I, B, and Z. So we want to make sure we alleviate any confusion on what you would actually use. An individual's HICN may not always be their Social Security number if benefits are tied to a spouse. So using a numerical part of a HICN will not always return a response in the MBI look up tool.

It's important to remember that you will need to use the individual's specific Social Security number. And plans can return the MBIs under the HIPAA standards, if it was part of their normal business processes to return the HICN on the plans 270, 271 transactions.

Moving into the plans, all Medicare Advantage plans received a HICN to MBI cross walk file prior to the start of the transition period this past April. The MARx user interface is now showing both the HICN and the MBI during the transition. Just remember after the transition, the MARx user interface will only be showing the MBI.

Prescription drug Part D plans may submit either the health insurance claim number or the Medicare beneficiary identifier both during and after the transition, this is one of these exceptions I talked about earlier. CMS has provided information and will continue to provide information to the plans via the health plan management system memos that are released for the systems impacted.

And particularly important for beneficiaries who are enrolled in Medicare Advantage plans. Once they receive their new Medicare card and number, they will need to use it to enroll in a Medicare Advantage or prescription drug plan. So they will need both cards and they will need to keep both their Medicare Advantage card as well as their new Medicare card. All Medicare beneficiaries who are enrolled in a Medicare Advantage or prescription drug plan will still receive their insurance card from their plan and their new Medicare card so they will use both.

For (E1) transactions for pharmacies both the Part D and EI transactions will return the MBI. Pharmacies may submit the HICN or MBI now and after the transitions. We want to ensure that beneficiaries do not have problems accessing their needed drugs.

For accountable care organizations, they are receiving MBI information for their assigned Medicare beneficiary populations and those HICNs and MBIs are included in the claims and claim line feed files until December 2019. For cross over claims processing, during the transition period CMS is processing

and transmitting Medicare across every claim using either the health insurance claim number or the Medicare beneficiary identifier.

And for Medicaid agencies, for the dual eligible Medicare and Medicaid beneficiaries, state Medicaid agencies are receiving both the HICNs and MBIs in their system exchanges with CMS. For the state third party buy in dual eligible beneficiaries, that system will continue to use HICN now and post transition.

For private payers for non-Medicare business, private payers won't have to use the MBI. Medicare 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 transactions where they would have used the HICN.

Third party group payers are allowing the submission of either the MBI or the HICN throughout the transition period. However after the transition period January 2020, third party group payers must use the MBI for any Medicare transactions where they would have used the HICN. For electronic remittance advice, starting October 1, 2018 we will update the following electronic remittance advices so that they also include the MBI when a valid and active HICN is submitted.

We have the Medicare remit easy print; we're changing the current Medicare remit easy print advice HICN label to Medicare ID and adding a new Medicare ID label and field that will show the MBI number. For PC print for Medicare Part A providers and facilities, we're changing the current PC print remittance advice HICN label to Medicare ID and adding a new Medicare ID corrected label and field.

Your MAC can give you access to free PC print software so you can see and print remittance advice information. We have samples and more information can be found on your electronic remittance advice if you go to [cms.gov/outreachandeducation/ Medicare learning network](https://www.cms.gov/outreachandeducation/Medicare). We have standard paper remittance advices and starting October 1 we'll update the

standard paper remits so it will also give you the MBI when you submit a claim with a valid and active HICN.

Again if you need samples and more information please go to [cms.gov/outreachandeducation/medicarelearningnetwork](https://www.cms.gov/outreachandeducation/medicarelearningnetwork). For retirement – Railroad Retirement Board beneficiaries, Railroad Retirement Board has mailed cards to their beneficiaries and they will continue to send cards with the RRB logo. But you can't tell by looking at the new MBI if beneficiaries are eligible for Medicare because they're railroad retirees. So we're going to be returning a message on the HETS eligibility transaction response to alert the provider it's an RRB patient. The message will say, Railroad Retirement Medicare beneficiary.

Medicare providers must program their systems to identify RRB beneficiaries so they know to send those claims to the specialty Medicare administrative contractor. So we hope you saw something of yourself in this information to help guide you. Right now we're going to talk a little bit and give you an update on the card mailing which began April 1.

We have seven waves of card mailing and we started back April. And we have completed waves one, two and three and we are currently in the process of mailing waves four and five. And once these waves are completed we will move into wave six and seven which will follow.

Just some more updates, this new Medicare card mailing includes not only the new Medicare card but a letter with instructions on how to destroy the old cards. So if you're talking to beneficiaries it's really important to make sure they read that letter carefully and please follow the instructions. This is for safety purposes and to keep your identity safe and secure.

We also have specialized communications for those with alternative format needs, for instance large print, Braille, audio and audio CD. And folks, people with these format preferences will be mailed their new cards along the same schedule as those with no preferences, so there should be no delay.

Key point we want to reinforce with beneficiaries, just raise awareness that the new cards are coming, and direct people to [medicare.gov/newcards](https://www.medicare.gov/newcards) to find out when the cards are coming to their area and we will give you a little bit more into that in a minute. But understand that mailing everyone a new card will take some time. The cards might arrive at a different time than their friends, neighbors or relatives.

Make sure beneficiary's mailing address is up to date. If beneficiaries need to correct an address, have them contact Social Security or ssa.govmyaccount. Remind them that CMS will never ask beneficiaries to give personal or private information to get a new Medicare number and card, and remind them the letters zero and I are never used in the new Medicare number so they should not be confused with numbers 0 and 1 which when you're checking on your status at my Medicare.gov.

So a little bit more about the communications and outreach, we talked about the map and the mailings and for folks to go on to [medicare.gov/newcard](https://www.medicare.gov/newcard), or you can actually just go on [Medicare.gov](https://www.Medicare.gov) and type in search new card. And we have a map there where individuals can track where the CMS mailing has completed, where it's in progress and where it's yet to mail. So that's a very helpful place that we are directing beneficiaries and their caregivers. Also as part of that page, individuals are able to sign up on to receive email notifications when CMS starts mailing to their states if they haven't mailed yet.

And very importantly, if someone with Medicare says they didn't get a card and their mailing wave has completed, we ask them to do one or two things. First, if you have a my Medicare.gov account sign into that or create one to see if we mailed their card. You can also go on there and you can print an official card as well, but you'll need to create an account. Other than that please call 1-800 Medicare, there might be something that needs to be corrected such as updating their mailing address but they can certainly help as well.

And most importantly because I think people get very anxious if they know a card is coming, please remind beneficiaries and providers that if they haven't received it they can still use their current card to get their healthcare services

all the way through January 1st, 2020. So if they're having delays getting their cards, they can still use their old card and number.

So again just a reminder, we encourage everyone to go onto mymedicare.gov as I said or sign up for that because not only can you find out if your card has been mailed, but this is where you can print or view your new number. So if there has been an issue with the mail, if they need to go to a doctor and they don't have their new card they can go on to mymedicare.gov, they can view it. They can write down their number, they can print the card out and it's also available to view if you have a cell phone through mymedicare.gov.

So this is a new option in mymedicare.gov so we encourage everyone to sign up. Also we have a lot of outreach materials in cms.gov to help not only providers but those of you who probably work with beneficiaries or caregivers, working in hospitals, we have tear off pads, reminders that the card is coming and to make sure your mailing address is updated. But we have new pads now that come out asking if you're still waiting for your new card and what to do if you haven't received it and the mailing is finished in their state.

So that's really a good one to have if you were dealing with beneficiaries in any setting. We have small posters for provider's offices, state agency offices talking about the similar messaging, we have 10 things to know about your new Medicare card. Lots of things and materials available, so again please go on cms.gov new Medicare card for that information.

So we think now it's time to take some questions and we want to thank you for joining us. Do we have any questions?

Operator: As a reminder ladies and gentlemen, if you would like to ask a question, please press star then 1 on your telephone key pad. 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 press star 1 again to rejoin the queue.

And your first question comes from (Mary Satin) with Wisconsin Department of Health, your line is open,

(Mary Satin): Hello, this is (Mary Satin). And I have not clearly seen an answer to this so I would really appreciate it, what about patients who are currently enrolled in a Medicare advantage plan Part C only and do not have a Part D card because Part D is included in their current plan, are they going to receive a new Medicare card?

Lois Serio: Hi, yes. Every Medicare beneficiary will receive a new Medicare card regardless of whether they are in the fee for service plan or whether they are in a Medicare Advantage Part C or D plan. Every Medicare beneficiary will receive a card.

(Mary Satin): Thank you so much. I could not find that on the card website that you guys have established. So if you could put it on their somewhere real clear, I'm sure somebody besides me has that question. Thank you.

Operator: Your next question comes from (Lisa Emerman) with Mile Bluff Clinic, your line is open.

(Lisa Emerman): Hi, I'm just wondering, I'm in Wisconsin and I have seen the documentation that wave three is done which is what Wisconsin was in. But we have patients who are coming to our facility who say they haven't received their card yet and we have verified that they do have correct addresses with Medicare and they've been in Wisconsin so it's not like they've moved recently and got it updated. So is it still taking time even though it says the wave is done that they haven't received their cards?

Lois Serio: Thank you for asking. So we would tell everyone if the wave has completed, please call 1-800 Medicare. Somebody will walk through with them on their information and determine what needs to be done.

(Lisa Emerman): Because we have looked them up on the MAC secure portal and it tells us that they have not been mailed a new card yet.

Tricia Rodgers: So there could be an issue with something other than their address, so it's just best to call 1-800 Medicare and have them look at everything and let them know what needs to happen.

(Lisa Emerman): OK.

Operator: Your next question comes from (Latonia Revie) with (Anita Tender Touch), your line is open.

(Latonia Revie): Yes hi, I'm just trying to confirm that we can still use HICN number until we get the MBI number, but once we get the MBI number there's no way to actually we don't have to use both numbers, we're just replacing it with the MBI number, is that correct?

Lois Serio: That is correct, it's a new number. You can use the current HICN until you receive the new number. We are encouraging everyone as soon as you get your new number to start using that and to destroy the old card for safety reasons.

Tricia Rodgers: And there won't be any time when you would ever use both the HICN and the MBI when you're submitting claims or looking up transactions of any sort.

(Latonia Revie): OK, thank you.

Operator: Your next question comes from (Jennifer Cross) with Blue Cross Blue Shield, your line is open. (Jennifer Cross), your line is open.

(Jennifer Cross): Hey, I'm trying to find out if we have an updated timeframe that Tennessee will be mailed their cards. It still says after August but looking for a more definitive timeframe going into (AP) and the (OAP)?

Lois Serio: We update as we move forward, we just encourage you to keep looking at our cms.gov and Medicare.gov map to find out when we get to that point. So it is a rolling wave and we just encourage you to keep looking and so you'll be aware when that happens.

(Jennifer Cross): OK, thank you. I did have one other question, you said that the MBI would only be replaced if it was compromised. And in July our plan did receive a large amount of MBI changes and merges, is that typical? I mean will plans continue to that not on the cross reference files?

Tricia Rodgers: So thank you for that question. We don't expect that there will be large amounts of changes. Of course if a beneficiary reports that there is an issue that the number has been compromised or if the CMS determines the number has been compromised, then we would look into notifying the beneficiary and issuing a new number but we don't expect to have large numbers of those changes.

(Jennifer Cross): OK, thank you very much.

Operator: Your next question comes from (Cinderella Benaam) with 21st Century Oncology, your line is open.

(Cinderella Benaam): Hi there, thank you. My question is in regards to private payers, on the site it states that for non-Medicare business private payers won't have to use the MBI. If you're a supplemental insurer will continue to use your unique numbers to identify your customers but after the transition period you must use the MBI for any Medicare transactions where you would have used the HICN. So I'm not sure, so do private payers need to use the MBI after the transition period ends?

Tricia Rodgers: The key point is whether you're dealing with a Medicare beneficiary, so yes and if you're interacting with Medicare you would need to use the MBI but if you're interacting with other payers you can use their unique identifier. Does that help?

(Cinderella Benaam): So if they have a Medicare Advantage plan then you would use the MBI right?

Tricia Rodgers: If they have – Medicare Advantage plan have their own number that they received from the plan itself and they would continue to use that. If it's a fee

for service beneficiary where you normally use the HICN you would need to use the MBI starting January 1st, 2020 when you interact with Medicare.

(Cinderella Benaam): OK, thank you.

Operator: Your next question comes from (Cheryl Penacopilose) with Franciscan Alliance, your line is open.

(Cheryl Penacopilose): Hi, I'm wondering again on the Medicare replacement products if there's been given any thought in terms of the providers being able to access the MBI number using their number from their whatever whichever insurance carrier they're with whether it's Humana Gold, United Healthcare et cetera?

We are struggling a little bit with folks that aren't willing to supply us with their Social Security numbers and it causes us an inability to be able to submit those secondary claims to Medicare for benefit information and or shadow claims.

Tricia Rodgers: So thank you, if I could repeat back and I think I understand what you're saying. So you would like to have a way to use the Medicare Advantage plan number to find out what the MBI is so that you can submit the shadow claims?

(Cheryl Penacopilose): Correct.

Tricia Rodgers: OK, because right now they're not bringing in – the patients are not bringing in the MBI and they don't want to give their Social Security number to look it up in a portal?

(Cheryl Penacopilose): Correct.

Tricia Rodgers: OK. So thank you for that information, we would take a look at that. I know the crosswalks have gone to the plans where it's given both the Medicare Advantage number and the MBI, but we'll take that back and think about that. Thank you for your comment.

(Cheryl Penacopilose): Thank you.

Operator: Your next question comes from (Jonathan Anama) with (NJM), your line is open.

(Jonathan): Thank you. I had a question from a worker's compensation perspective, once a month we get a query from CMS for injured workers who are Medicare eligible and that could have the HICN number or now it could have the MBI. But for the people that we have filled out as the status and have used the HICN number, when their claim status changes we have to go in and update their statuses.

Now if they've got a subsequently received an MBI number, do we have to use that MBI number or can we use the HICN number that was originally used on the original fill out?

Tricia Rodgers: So for right now you can use – you would use the number that you are that you submitted on the original claim. And if it's a secondary payer that has an exception and so even after January 1st, 2020 you'll be able to use the HICN at that time. If it's a different type of transaction, I would encourage you to look at the webpage to look at all of the different exceptions to see if HICN if you're still able to use the HICN after January 1st, 2020.

(Jonathan Anama): OK. And if we did find out their MBI number we could use that as well they would tie together?

Tricia Rodgers: That's right. Yes, you would use one or the other, you wouldn't use both. And normally if you submitted it with a HICN you would look it up find that, yes.

(Jonathan Anama): OK, good. Thank you very much.

Tricia Rodgers: You're welcome.

Operator: Your next question comes from (Terry Humphries) with BCBS of Hawaii, your line is open.

(Terry Humphries): Hi good morning, thank you. Similar to a previous caller, we recognize in some of our transactions that some of our beneficiaries received a secondary MBI. So we were in wave two, so that the MBI the member currently has does not match what was on the cross walk file. We are able to get the updated MBI via the TRR but we're wondering how we can get that information for our commercial members so that we can process the secondary claim.

(Brian Pabst): This is (Brian Pabst) from CMS. Are you speaking in the context of being a supplemental payer in the way you're posing your ...

(Terry Humphries): No.

(Brian Pabst): OK. Well, in that (very area) just so you know though, we do send to our crossover trading partners any instance where the MBI itself changes so they're made aware of that.

(Terry Humphries): So if we submit a claim with the initially issued MBI it will come back with the updated MBI?

Tricia Rodgers: It will not.

(Brian Pabst): No, but we make for crossover claims where Medicare is primary and they're secondary, we do make them aware if an MBI changes. But in terms of Medicare itself responding to you we do not, no we would not tell you.

(Terry Humphries): So the other situation where the commercial plan is primary and Medicare is secondary ...

(Brian Pabst): Oh OK.

(Terry Humphries): We want to (inaudible) secondary claim but we don't have the proper MBI.

(Brian Pabst): OK.

Tricia Rodgers: So you would need the beneficiary, the patient to bring in their new MBI number that was sent to them, or you can if the beneficiary gives you their Social Security number you can use the MAC portal to look up with their name date of birth – first name, last name, date of birth and Social Security number and it will get the MBI.

(Terry Humphries): Again our preliminary numbers is that these could be in the hundreds if not thousands. So is there any way that we can – and we don't know who these members are because we don't know who was issued a second MBI based on the fact that CMS found that these members may be "offensive" so it's that group of people.

Tricia Rodgers: OK, thank you so much for that. We will look into your suggestion of doing some sort of mass update to the cross walk and take a look at that. Thank you.

(Terry Humphries): That would be great, thank you.

Operator: Your next question comes from (Christie Dunlife) with Franciscan Alliance, your line is open.

(Christie Dunlife): My question was answered, thank you though.

Operator: Your next question comes from (Jonathan Kelly) with (Life Skills), your line is open.

(Jonathan Kelly): Yes, thank you for taking my question. Currently you know before all the changes to the Medicare cards came out, there were letters on the end of each claim number. Is there any particular identifiers with the new MBIs that will show if it's a government employee like a T or a widow or something of that nature?

Lois Serio: No, each number has no intelligence to it. It was done that way on purpose so that there'd be no fraud. So correct, so there is no identifying information.

(Jonathan Kelly): Thank you so much.

Operator: Your next question comes from (Naomi Lehman) with NCH, your line is open.

(Naomi Lehman): Hi, we have a Medicare team that works all the denials, and since we've been submitting claims since April 1st, we have discovered that there are times that we are being denied if we use the HICN as opposed to the MIB if we're not aware of it when we're sending in the claim. I'm under the understanding that we should be able to file under either during this time period, and I'm just curious if this is a known problem.

Tricia Rodgers: So thanks for that. There shouldn't be an issue using the HICN or the MBI during the transition period. We have not heard of any issues so perhaps there's some transposing of a number or digit when you were entering the HICN but it is not a known problem and we have been processing claims with both the HICN and the MBI since April. So I'm sorry to say I just ask you to go back and take a look at those on your end please.

(Naomi Lehman): All right, thank you.

Tricia Rodgers: Thank you.

Operator: Your next question comes from (Linda Franklin) with Baptist Health Arkansas, your line is open.

(Linda Franklin): Thank you. My question is on the – I know you say that you'll be providing the new numbers on the remittance advice effective October 1st, will those also come back on like eligibility requests if we send in an eligibility request?

Tricia Rodgers: They do not. We are not providing the MBI on the eligibility requests but we are letting you know for the eligibility request comment that comes back in a message segment that comes back if the card has been mailed - we'll let you know that. Otherwise you can get the MBI from your patient or you can look it up in the MAC portal or you can get it on the remittance advice starting on October through December 31st, 2019 when you use the HICN to submit a claim.

(Linda Franklin): OK. One other quick thing, on the cards that are being mailed to the patients on the envelope, is there anything that would help them to identify because they get so much mail to identify that this is their new card or something we could tell them to go back to their mail and look for on the envelope do you know?

Tricia Rodgers: There is not anything identifying on that and that was purposely done so that other you know, so there was less chance of fraud.

(Linda Franklin): Right. Does it say it's coming from CMS or who would it say it's coming from, no one?

Tricia Rodgers: It's an HHS envelope, return envelope.

(Linda Franklin): OK, thank you.

Operator: Your next question comes from (Kristina Marty) with LabCorp, your line is open.

(Kristina Marty): Good afternoon. My question is specific to the 835 remit and that when a valid active HICN has been submitted you'll return the MBI on the remit (inaudible). My question's actually regarding if the MBI has been changed if there are plans to communicate the changed MBI through the 835 remit process as well at some point since there could be or will be beneficiaries that have never had a HICN? Thank you.

Tricia Rodgers: Thanks for that question. So we will return the most current HICN on the remittance – sorry, the most current MBI on the remittance advice when you submit a valid and active HICN but we will not be returning changed MBIs on the remittance advice.

(Kristina Marty): All right. Is there – I guess it's the other tools that you talked about earlier would be the only way to get to a changed MBI?

Tricia Rodgers: Well yes, I mean we'll give you the most current MBI through the remittance advice when you submit a valid and active HICN we'll give you the most

current MBI when you look it up in the MAC portal, and the beneficiary could bring you the most current MBI that's on their card.

(Kristina Marty): OK, thank you so much.

Tricia Rodgers: Thank you.

Operator: Your next question comes from (Barbara Hall) with State of Missouri, your line is open.

(Barbara Hall): Yes, what is the process that's supposed to happen when we discover that the MBIs have not been merged for our consumers?

Tricia Rodgers: Is this is a question where a beneficiary might have more than one MBI? I don't know what you mean by merged.

(Barbara Hall): Yes, they were issued more than one MBI because the cross references weren't done in the Social Security system or whatever, and so there's multiple MBIs assigned and we can't figure out what is – we using the (TBQ) process now to try to get those MBIs, and because there's multiples out there we don't get anything back. So like who do we report that there's a problem with this particular consumer's MBI records?

Tricia Rodgers: Yes, thanks for explaining that. So yes, so have the beneficiary or someone on their behalf that represents them on their behalf call 1-800 Medicare and they can help figure out which MBI to use and make sure everything's correct and updated in the system.

Operator: Your next question comes from the line of (Jamie Vascheron) with Our Lady of Lake, your line is open.

(Jamie Vascheron): My question's been answered.

Operator: Your next question comes from (Patricia Guzman) with Memorial Hospital, your line is open.

(Patricia Guzman): Hi, I'm going to be referencing the 270, 271X transaction. Patients are now coming with their new Medicare with their MBI number, we submit it in our Epic system we use Passport and Experian for real time eligibility and we're getting mismatch messages. So it's not conforming whether the patient's eligible with the new MBI number. Do you know when that EDI database will be updated and for clearing for our members?

Tricia Rodgers: Right, you need to talk specifically with your vendor about that. If you – our systems are ready and working and so I don't know what their timeline is but they should be able to explain that to you as their customer.

(Patricia Guzman): OK, all right yes. Because they're getting – we're getting them, we're transmitting them and we're getting all these data mismatches. We'll take it up with them, thank you.

Operator: Your next question comes from (Carla Hayman) with Clinical Laboratory, your line is open.

(Carla Hayman): Hi, I wanted to know if the MBI look up tool would still be available after January 1st of 2020.

Tricia Rodgers: It will, thank you for asking. Yes, it will be available.

(Carla Hayman): Good, good. Awesome.

Operator: And once again that's star then the number 1 if you would like to ask a question. Your next question comes from (Cassandra Santiago) with Angela Cotton Bco, your line is open.

(Cassandra Santiago): Hello, good afternoon. I had a question about the cards themselves. Is there a way to determine whether or not the Medicare is primary and if they have a replacement plan as well? I ask you because a lot of patients come in and they provide their Medicare card and Medicare is not primary, they do have an Advantage plan but they're not sure what they have. So just to eliminate time, is there a way to identify whether or not Medicare is the primary to where I would send the claims to first?

Tricia Rodgers: So thanks for that question. There is nothing that shows in the MBI or on the new card whether or not the patient is also has a Medicare Advantage plan or some other supplemental plan. So we would just encourage you to do an eligibility check so that you'll know where to send the claims.

(Cassandra Santiago): OK, thank you.

Tricia Rodgers: Thank you.

Operator: Your next question comes from (Nancy Carter) with Capital Health Plan, your line is open.

(Nancy Carter): Hello, a quick question. On our commercial members that are eligible for Medicare due to age or disability, you know currently we use the MAC system on the beneficiary lookup by you know putting in the Social and the (A) or whatnot and it'll come up with the MBI. Is that system still going to be available to use once you can no longer use the HICN?

Tricia Rodgers: So after 2020 you will only be able to look up and see the MBI.

(Nancy Carter): OK so OK. So the only really issue is going to be using the MAC portal to be able to pull commercial members that may have Medicare to pull their MBI and see when their coverage was effective?

Tricia Rodgers: So the MBI look up tool through the MAC portal will be available after January 1, 2020 but that will give back the MBI, it will not give back a beneficiary's Medicare Advantage plan if they're a member of.

(Nancy Carter): OK. So once the MBI then you're able to put the MBI into the MAC system and find out what their actual eligibility date was?

Tricia Rodgers: That's right, thank you.

(Nancy Carter): OK, OK thank you.

Operator: Your next question comes from (Loretta Burton) with Home Hospice, your line is open.

(Loretta Burton): Hi, I was wondering if there would be any issue with the old number being on our OASIS transmission data and the new Medicare number being on the claim.

Monica Kay: Hi, we would need you to get back to us. If you could send that question to our CMS ssnremoval@cms.hhs.gov and we can research that specific question for you.

(Loretta Burton): OK. Can you go over that website one more time?

Lois Serio: Yes, it's a mailbox and its one word
newmedicarecardssnremoval@cms.hhs.gov.

(Loretta Burton): OK. All right, thank you.

Operator: Your next question comes from (Donna Bishop) with (Health Point), your line is open.

(Donna Bishop): Hi, my question is in regards to the claims where we bill with the new Medicare ID number. I got a denial saying that the residency not met.

Diane Kovach: Can you repeat that, what was not met?

(Donna Bishop): Residency not met.

Diane Kovach: So residency not met would not be now that I'm aware of for a Medicare number. So if the MBI was valid then your denial have been for some other reason but no. You can certainly send it in to that same mailbox that was just provided and folks can take a look at it.

(Donna Bishop): Thank you.

Operator: There are no further questions in the queue at this time. I will turn the call back over to the presenters.

Lois Serio: So thank you all so much for joining us today. We hope we were able to provide you with some clarification and the updates. We wanted to also

remind you again on some of our websites. So if you are a stakeholder, you're a provider or a plan you want additional more technical information or you need some provider or the different products we discussed, please go to www.cms.gov/newcard.

For beneficiary focused information if you want information on the card mailing and look at the maps, that would be medicare.gov/newcard. Again if you have any comments or questions, additional questions that you want us to respond to please send them to our mailbox one word newmedicarecardssnremoval@cms.hhs.gov. Again we really appreciate your time and your participation and thank you very much.

Operator: Thank you for participating in today's new Medicare card open door forum conference call. The call will be available for replay beginning at 5 o'clock pm eastern time today September 13th through to September 17th at midnight. The conference ID number for the replay is 7692637. The number to dial for the replay is 855-859-2056.

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

END