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DATE: March 30, 2018

TO: All Medicare Advantage, Prescription Drug Plan, Section 1833 and 1876 Cost, PACE, and Demonstration Organizations

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SUBJECT: New Medicare Beneficiary Identifier (MBI) in the Health Plan Management System (HPMS)

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 requires that the Centers for Medicare & Medicaid Services (CMS) remove Social Security Numbers (SSNs) from all Medicare cards. CMS will issue new cards to Medicare beneficiaries starting in April 2018, which will replace the current SSN-based Health Insurance Claim Number (HICN) with a new Medicare Beneficiary Identifier (MBI). To facilitate this change, CMS will administer a transition period from April 1, 2018 through December 31, 2019.

HPMS will address the transition to the new MBI as follows:

Complaint Tracking Module (CTM)

CTM manages beneficiary complaints related to the Medicare Advantage (MA) and Prescription Drug (Part D) programs. Beginning in April 2018, CTM will accept and display either the MBI or HICN. While CMS expects to largely record the HICN in CTM until shortly after all new Medicare cards have been mailed, users must be prepared to accommodate either beneficiary identifier. The same data field will be used to store and display the HICN or MBI.

National Risk Adjustment Data Validation (RADV) Module

The National RADV module collects retrospective medical records to support improper payment reporting activities. Given that these data are submitted for prior contract years, CMS will use the following approach to accommodate the MBI transition period:

Payment Year	Data Submission Period	Beneficiary Identifier
2016	2018	Accept HICN only
2017	2019	Accept HICN only
2018	2020	Accept either HICN or MBI
2019	2021	Accept either HICN or MBI
2020	2022	Accept MBI only

The same data field will be used to store and display the HICN or MBI.

Beneficiary-Level Medication Therapy Management Program (MTMP)

Per the Part D reporting requirements, Part D plans submit beneficiary-level Medication Therapy Management Program (MTMP) data annually via CMS Enterprise File Transfer (EFT). Given that these data are submitted for the prior contract year, CMS will use the following approach to accommodate the MBI transition period:

Reporting Period	Data Submission Period	Beneficiary Identifier
2018	January-February 2019	Accept either HICN or MBI
2019	January-February 2020	Accept either HICN or MBI
2020	January-February 2021	Accept MBI only

The same data field will be used to store and display the HICN or MBI.

Performance Metrics Module

This module displays the beneficiary-level MTMP data submitted by Part D plans via CMS Enterprise File Transfer (EFT). In the Performance Metrics module, HPMS will display the beneficiary identifier (HICN or MBI) that was submitted by the Part D plan for a given reporting period.

Audit Module

To support program audits, this module collects universe files, which may contain beneficiary-level data. Beginning with the 2019 program audits, plans will be instructed to report the MBI in their audit universe files rather than the HICN. If the MBI is not yet available for a given beneficiary, the plans should continue to report the HICN. The same data field will be used to store and display the HICN or MBI.

Please direct questions about this memo to the HPMS Help Desk at either hpms@cms.hhs.gov or 1-800-220-2028.