



## TRANSITION TO NEW MEDICARE NUMBERS AND CARDS

### Why is CMS issuing new Medicare cards and new Medicare numbers?

The law requires the Centers for Medicare & Medicaid Services (CMS) to remove Social Security numbers (SSNs) from all Medicare cards by April 2019. A new unique Medicare number will replace the current Health Insurance Claim Number (HICN) on the new Medicare cards. We're taking this step to protect people with Medicare from fraudulent use of Social Security numbers, which can lead to identity theft and illegal use of Medicare benefits.

### When will CMS mail the new cards to people with Medicare?

We'll begin mailing new cards in April 2018 and will meet the statutory deadline for replacing all Medicare cards by April 2019. Your patients who are new to the Medicare program starting in April 2018 and later will only have a card with the new Medicare number.

### What do I need to be ready for the change?

**Your systems and business processes must be ready to accept the new Medicare number** (which we call the Medicare Beneficiary Identifier or MBI in official guidance) **by April 2018** for transactions, such as billing, claim status, eligibility status, and interactions, with our Medicare Administrative Contractor (MAC) contact centers.

There will be a transition period when you can use either the HICN or the MBI to exchange data and information with us. **The transition period will start April 1, 2018, and run through December 31, 2019.** However, your systems must be ready to accept the new MBI by April 1, 2018. It's especially important that you're ready for people who are new to Medicare in April 2018 and later because they'll only get a card with the MBI.

### What do I need to do right now?

You may need to change your systems to:

- **Accept the new MBI.** Use the MBI format specifications (see "How will the MBI look" section below) if you currently have edits on the current Health Insurance Claim Number (HICN).
- **Identify your patients who qualify for Medicare under the Railroad Retirement Board (RRB).** You'll no longer be able to distinguish RRB patients by the number on the new Medicare card. You'll be able to identify them by the RRB logo on their card, and we'll return a message on the eligibility transaction response for an RRB patient. The message will say, "Railroad Retirement Medicare Beneficiary" in 271 Loop 2110C, Segment MSG. If you use the number only to identify your RRB patients, beginning in April 2018, you must identify them differently to send Medicare claims to the RRB Specialty Medicare Administrative Contractor, Palmetto GBA.

- **Update your practice management system's patient numbers to automatically accept the new Medicare number or MBI from the remittance advice (835) transaction.** Beginning in October 2018 through the transition period, we'll return your patient's MBI on every electronic remittance advice for claims you submit with a valid and active HICN. It will be in the same place you currently get the "changed HICN": 835 Loop 2100, Segment NM1 (Corrected Patient/Insured Name), Field NM109 (Identification Code).

### **Where else can I find help with the transition to the new Medicare number?**

If you use vendors to bill Medicare, contact them if they haven't already shared their new Medicare card system changes with you; they can also tell you about current HICN edits, how they will return the "Railroad Retirement Medicare Beneficiary" message on eligibility transactions, and how they'll pass the new Medicare number to you from the remittance advice. You'll also be able to look up your Medicare patient's new MBI through your Medicare Administrative Contractor's (MAC's) secure web portal.

### **Do I need to ask my Medicare patients for information?**

Verify your Medicare patients' addresses; they won't get a new card if their address isn't correct. If the address you have on file is different than the address you get in electronic eligibility transaction responses from us, encourage your Medicare patients to correct their address in Medicare's records by calling Social Security at **1-800-772-1213** or going online to their online account at: [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount). This may require coordination between your billing and office staff.

We will add resources you can share with Medicare patients to the New Medicare Card webpages by fall 2017.

### **How will the MBI look?**

The MBI format is still 11 characters long, contains numbers and uppercase letters, and is unique to each person with Medicare. It will be clearly different from the HICN.

### **How many characters will the MBI have?**

The MBI has 11 characters, like the Health Insurance Claim Number (HICN), which can have up to 11.

### **Will the MBI's characters have any meaning?**

Each MBI is randomly generated. This makes MBIs different than HICNs, which are based on the Social Security Numbers (SSNs) of people with Medicare. The MBI's characters are "non-intelligent" so they don't have any hidden or special meaning.

### **What kinds of characters will be used in the MBI?**

MBIs are numbers and upper-case letters. We'll use numbers 0-9 and all letters from A to Z, except for S, L, O, I, B, and Z. This will help the characters be easier to read.

### How will the MBI look on the new card?

The MBI will contain letters and numbers. Here's an example: 1EG4-TE5-MK73

- The MBI's 2nd, 5th, 8th, and 9th characters will always be a letter.
- Characters 1, 4, 7, 10, and 11 will always be a number.
- The 3rd and 6th characters will be a letter or a number.
- The dashes aren't used as part of the MBI. They won't be entered into computer systems or used in file formats.

### MBI Format

| Pos. | 1 | 2 | 3  | 4 | 5 | 6  | 7 | 8 | 9 | 10 | 11 |
|------|---|---|----|---|---|----|---|---|---|----|----|
| Type | C | A | AN | N | A | AN | N | A | A | N  | N  |

### Where will the MBI's characters go?

**C** – Numeric 1 thru 9      **N** – Numeric 0 thru 9      **AN** – Either A or N  
**A** – Alphabetic Character (A...Z); Excluding (S, L, O, I, B, Z)

**Position 1** – numeric values 1 thru 9

**Position 2** – alphabetic values A thru Z (minus S, L, O, I, B, Z)

**Position 3** – alpha-numeric values 0 thru 9 and A thru Z (minus S, L, O, I, B, Z)

**Position 4** – numeric values 0 thru 9

**Position 5** – alphabetic values A thru Z (minus S, L, O, I, B, Z)

**Position 6** – alpha-numeric values 0 thru 9 and A thru Z (minus S, L, O, I, B, Z)

**Position 7** – numeric values 0 thru 9

**Position 8** – alphabetic values A thru Z (minus S, L, O, I, B, Z)

**Position 9** – alphabetic values A thru Z (minus S, L, O, I, B, Z)

**Position 10** – numeric values 0 thru 9

**Position 11** – numeric values 0 thru 9

### How will the MBI fit on forms?

MBIs will fit on forms the same way HICNs do. You don't need spaces for dashes.

### Who will get a new MBI?

Each person with Medicare will get their own randomly-generated MBI. Spouses or dependents who may have had similar HICNs will each get their own different MBI.

**What about Medicare Advantage and Prescription Drug plans?**

Medicare Advantage and Prescription Drug plans will continue to assign and use their own identifiers on their health insurance cards. For patients in these plans, continue to ask for and use the plans' health insurance cards.

**How do I use the MBI?**

You'll use the MBI the same way you use the HICN today.

During the transition period, on all transactions, you can use **either** the HICN or the MBI in the same field where you've always put the HICN. You don't need to say whether you're using a HICN or MBI because our systems will be able to tell which you've used.

You **cannot** submit both numbers on the same transaction. Once the transition period ends, you must use the MBI in the same field where you previously submitted the HICN.

**What about Medicare crossover claims?**

We are working closely with other payers, State Medicaid Agencies, and supplemental insurers to make sure the crossover claims process will still work like it does now. During the transition period, we'll process and transmit Medicare crossover claims to other health insurance organizations with either the HICN or MBI.

**Do I need to protect the MBI?**

The MBI is confidential just like the HICN so you'll have to protect it as Personally Identifiable Information and use it only for Medicare-related business.

**How will I know when my Medicare patients get their MBIs?**

Starting in **April 2018** when we start mailing the new Medicare cards, you can ask your Medicare patients if they have a new card with an MBI. We're planning wide-scale outreach to help people with Medicare know they need to bring their new Medicare cards and share them when they get medical care.

Also starting in **April 2018** through the end of the transition period, when you use your Medicare patient's HICN to check the eligibility status through the HIPAA Eligibility Transaction System (HETS), we'll return a message on the response that will say, "CMS mailed a Medicare card with a new Medicare Beneficiary Identifier (MBI) to this beneficiary. Medicare providers, please get the new MBI from your patient and save it in your system(s)" in 271 Loop 2110C, Segment MSG. Your eligibility service provider can tell you if they use HETS and how they plan to give you this information.

Then, starting in **October 2018** through the end of the transition period, when you submit a claim using your Medicare patient's valid and active HICN, we'll return both the HICN and the MBI on every remittance advice. The MBI will be in the same place you currently get the "changed HICN": 835 Loop 2100, Segment NM1 (Corrected Patient/Insured Name), Field NM109 (Identification Code) of the Electronic Remittance Advice.

Since we're taking SSNs off Medicare cards, people with Medicare won't have to give their SSNs for Medicare purposes when they get medical care. While we'll tell all people with Medicare to bring their new cards when they get medical care, there may be times when Medicare patients don't or can't.

Starting in **June 2018**, to make it easier for you to get your Medicare patients' MBIs when they can't or don't give them, you can use your MAC's secure portal to look up MBIs. To find MBIs in the portal, your Medicare patients must give you their first name, last name, date of birth, and SSN.

If your Medicare patients don't want to give you their SSN, they can log into [www.mymedicare.gov](http://www.mymedicare.gov) to get their MBI. Your Medicare patients with RRB benefits can ask for a replacement card through the RRB SMAC Beneficiary Contact Center at 1-800-833-4455, log into [www.rrb.gov](http://www.rrb.gov), or call the RRB office at 1-877-772-5772.

### What happens after the transition period ends?

**On January 1, 2020**, even for dates of services prior to this date, you must use MBIs for all transactions; there are a few exceptions when you can use either the HICN or MBI:

- **Appeals** – You can use either the HICN or MBI for claim appeals and related forms.
- **Claim status query** – You can use HICNs or MBIs to check the status of a claim (276 transactions) if the earliest date of service on the claim is before January 1, 2020. If you are checking the status of a claim with a date of service on or after January 1, 2020, you must use the MBI.
- **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 (December 31, 2019). You can submit claims received between April 1, 2018, and December 31, 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 31, 2019, but stops getting those services after December 31, 2019, you may submit a claim using either the HICN or the MBI, even if you submit it after December 31, 2019.
- **Home Health Claims and Requests for Anticipated Payments (RAPs)** – You can use MBIs or HICNs on home health claims and RAPs with a "From Date" before January 1, 2020. Because you submit home health claims for a 60-day payment episode, there may be times when an episode ends after the transition period on December 31, 2019. If the "From Date" on the RAP or the final claim date is before December 31, 2019, you may submit either the HICN or the MBI. But, you must submit the MBI for RAPs and final claims when the "From Date" is on or after January 1, 2020.

### When will CMS share information with the public about the new Medicare card design and the mailing schedule?

We will share information about the new card design in September 2017. The gender and signature line will be removed from the new cards. There will be geographical waves of successive mailings. Mailing everyone a new card will take some time. To protect people with Medicare from scams associated with sharing the mailing schedule, targeted local outreach will occur, including outreach to health care providers, before cards are due to arrive in a geographical area.

**Where can I get more information?**

Visit our New Medicare Card Home and Provider webpages for the latest details about the transition at: [www.cms.gov/Medicare/New-Medicare-Card](http://www.cms.gov/Medicare/New-Medicare-Card).

Copyright © 2017, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816.

Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association.

To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816 or Laryssa Marshall at (312) 893-6814. You may also contact us at [ub04@healthforum.com](mailto:ub04@healthforum.com).

The American Hospital Association (the “AHA”) has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.

**Medicare Learning Network® Product Disclaimer**

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).