

The information provided in this presentation is intended only as a general informal summary. It is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was presented. Links to certain source documents have been provided for your reference. We encourage audience members to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them.

CMS' RDS Webinar

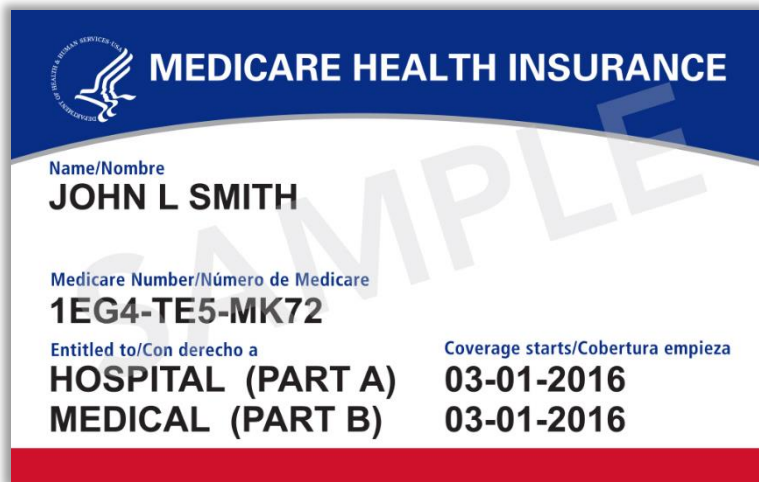
New Medicare Card Project

- **You can listen to the event using your computer speakers or headphones. Please ensure your computer speakers are not muted and the volume is turned up.**
- **Remember to turn off your pop-up blockers so you can participate in our activities.**

Agenda

1. New Medicare Card Project Overview
2. New Medicare Card Project Impact to the RDS Program
3. RDS Center Reminders
4. Questions & Answers

New Medicare Card Project



Background

- The Health Insurance Claim Number (HICN) is a Medicare beneficiary's identification number, used for processing claims and for determining eligibility for services across multiple entities (e.g., Social Security Administration (SSA), Railroad Retirement Board (RRB), States, Medicare providers, and health plans)
- The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 mandates the removal of the Social Security Number (SSN)-based HICN from Medicare cards to address current risk of beneficiary medical identity theft
- The legislation requires that CMS mail out new Medicare cards with a new Medicare Beneficiary Identifier (MBI) by April 2019

Operational Goals

Primary Operational Goal: To decrease Medicare Beneficiary vulnerability to identity theft by removing the SSN-based number from their Medicare identification cards and replace with a new unique Medicare Number

- In achieving this goal CMS seeks to:
 - Minimize burdens for beneficiaries
 - Minimize burdens for providers
 - Minimize disruption to Medicare operations
 - Provide a solution to our business partners that allows usage of HICN and/or new Medicare Number for business critical data exchanges
 - Manage the cost, scope, and schedule for the project

Complex IT Systems affecting Providers, Partners, and Beneficiaries

- Along with our partners, CMS will address complex systems changes for over 75 systems, conduct extensive outreach & education activities and analyze the many changes that will be needed to systems and business processes
- Affected stakeholders include:
 - Federal partners, States, Beneficiaries, Providers, and Plans
 - Other key stakeholders, such as billing agencies, advocacy groups, data warehouses, etc.
- CMS has been working closely with partners and stakeholders to implement the SSN Removal Initiative

Implementation of New Medicare Numbers

Solution Concept for the New Medicare Cards

The SSN Removal solution must provide the following capabilities:

1. **Generate Medicare Beneficiary Identifiers (MBI) for all beneficiaries:** Includes existing (currently active, deceased, or archived) and new beneficiaries
2. **Issue new, redesigned Medicare cards:** New cards containing the MBI to existing and new beneficiaries
3. **Modify systems and business processes:** Required updates to accommodate 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
- Generate a new unique MBI for a Medicare beneficiary whose identity has been compromised

HICN and MBI Number

Health Insurance Claim Number (HICN)

- Primary Beneficiary Account Holder Social Security Number (SSN) plus Beneficiary Identification Code (BIC)
- 9-byte SSN plus 1 or 2-byte BIC
- Key positions 1-9 are numeric

Key	Example
SSA HICN	123-45-6789-A1
MBI	1EG4-TE5-MK73

Note: Identifiers are fictitious and dashes for display purposes only; they are not stored in the database nor used in file formats

Medicare Beneficiary Identifier (MBI)

- New Non-Intelligent Unique Identifier
- 11 bytes
- Key positions 2, 5, 8, and 9 will always be alphabetic

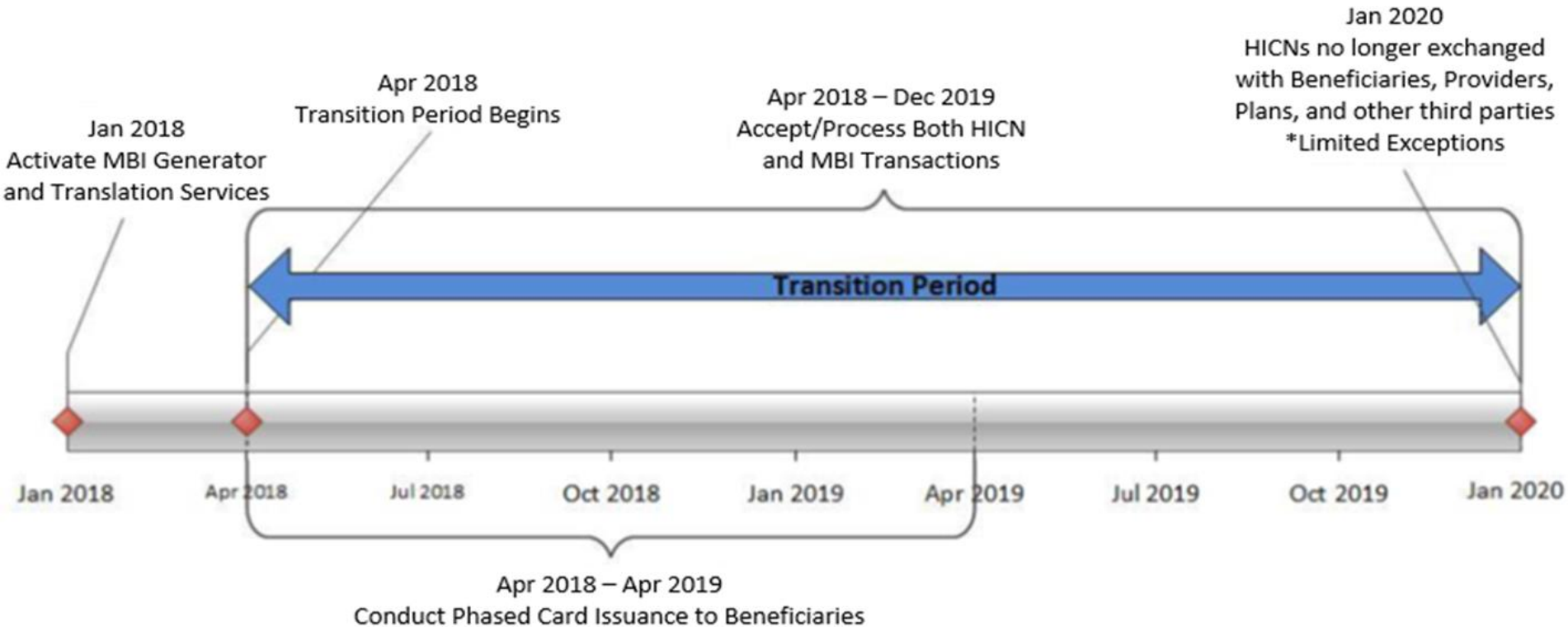
New Medicare Number Characteristics

The Medicare Beneficiary Identifier (MBI) will have the following characteristics:

- The same number of characters as the current HICN (11), but will be visibly distinguishable from the HICN
- Contain uppercase alphabetic and numeric characters throughout the 11-digit identifier
- Occupy the same field as the HICN on transactions
- Be unique to each beneficiary (e.g., husband and wife will have their own MBI)
- Be easy to read and limit the possibility of letters being interpreted as numbers (e.g., alphabetic characters are upper case only and will exclude S, L, O, I, B, Z)
- Not contain any embedded intelligence or special characters
- 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

MBI Generation and Transition Period



Using the New Medicare Number – During Transition

- The transition period will run from **April 2018 through December 31, 2019**
- CMS will complete its system and process updates to be ready to accept and return the MBI on April 1, 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 1, 2018. Stakeholders may submit either the MBI or 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 use of HICNs and MBIs during the transition period to ensure that everyone is ready to use MBIs only by January 1, 2020

Using the New Medicare Number – During Transition (2)

- CMS is making systems changes so that when a provider checks a beneficiary's eligibility, the CMS HIPAA Eligibility Transaction System (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”: 835 Loop 2100, Segment NM1 (Corrected Patient/Insured Name), Field NM109 (Identification Code)
- Use of HICN and MBI for the same person with Medicare on the same batch of claims
 - During the transition period, we'll process all claims with either the HICN or MBI, even when both are in the same batch

Using the New Medicare Number – During Transition (3)

- 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'll process and transmit Medicare crossover claims with either the HICN or MBI
- Railroad Retirement Board (RRB) 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
 - Beginning in April 2018, we'll return a message on the eligibility transaction response for a RRB patient. The message will say, "Railroad Retirement Medicare Beneficiary."
 - 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 (SMAC)

Using the New Medicare Number – During Transition (4)

- 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 transactions 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 secure look up 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 look up tool will give providers a mechanism to access a beneficiary's MBI securely without disrupting workflow

New Medicare Number Exceptions After the Transition Period

- Beneficiaries, providers, and plans will no longer use the HICN for internal and most external purposes.
- However, once the transition period is over, you'll still be able to use the HICN in these situations:

Medicare plan exceptions:

- **Appeals** – You can use either the HICN or the MBI for claims appeals and related forms
- **Adjustments** – You can use the HICN indefinitely for some systems (Drug Data Processing, Risk Adjustment Processing, and Encounter Data) and for all records, not just adjustments
- **Reports** – We will use the HICN on these reports until further notice:
 - Incoming to us (quality reporting, Disproportionate Share Hospital data requests, etc.)
 - Outgoing from us (Provider Statistical & Reimbursement Report, Accountable Care Organization reports, etc.)

New Medicare Number Exceptions After the Transition Period (continued)

Fee-for-Service claim exceptions:

- **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 (12/31/2019).
 - 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.

Other Exceptions:

- **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, we'll accept the HICN on incoming premium remittances after the transition period. (Part A premiums, Part B premiums, Part D income related monthly adjustment amounts, etc.)

New Medicare Card Number Implementation Milestones

2016-2017

- ✓ **March 2016** – Launch Phase I New Medicare Card Web Content on cms.gov
- ✓ **March 2016 to August 2016** – Conduct listening Sessions with External Stakeholders
- ✓ **August 2016** – Launch Phase II New Medicare Card Web Content on cms.gov
- ✓ **September 2016** – MBI Generator in Testing Environment
- ✓ **May 2017** – MBI Development Complete
- ✓ **September 2017** – Medicare & You Handbook mailed with information about New Medicare Card, beginning robust education and outreach to people with Medicare
- ✓ **September 2017** – Give providers tools to reach their patients about the new card
- **NOW** – Providers prepare and test providers systems & processes to use the MBI by April 2018. If you use vendors, contact them to find out about their practice management system changes

2018-2020

- **April 2018** – All systems & processes able to accept MBI
- **April 2018** – Begin mailing new Medicare cards with MBI to 60M beneficiaries
- **June 2018** – Expected launch of provider look-up tool
- **October 2018** – Return MBI on remittance advice
- **April 16, 2019** – Deadline for issuance of new Medicare cards
- **January 2020** – End of Transition Period: Use the MBI on data exchanges

What Providers Need to Know to Get Ready for the New MBI

1. Subscribe to the weekly MLN Connects newsletter for updates and new information
2. 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)
 - 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

What Providers Need to Know to Get Ready for the New MBI (continued)

3. Get ready to use the new MBI Format:
 - Ask your billing and office staff if your system can accept the 11 digit alpha numeric 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 <https://www.cms.gov/newcard>
4. 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 (MAC's) secure web portal starting in June 2018.

Outreach and Education

- CMS will provide outreach and education to:
 - Approximately 60 million beneficiaries, their families, advocacy groups, and caregivers
 - Health Plans
 - The provider community (1.5M providers)
 - All Provider Letter and Fact Sheet
 - Quarterly Open Door Forums
 - States and Territories
 - Other business partners, including vendors
- CMS will involve all business partners in our outreach and education efforts through their existing vehicles for communication (e.g., Open Door Forums, HPMS notices, MLN Connects)

New Medicare Card



New Card Issuance

- CMS will begin mailing new cards in April 2018 and will meet the congressional deadline for replacing all Medicare cards by April 2019
- The gender and signature line will be removed from the new Medicare cards
- The Railroad Retirement Board will issue their new cards to RRB beneficiaries
- We will work with states that currently include the HICN on Medicaid cards to remove the Medicare ID or replace it with an MBI

Beneficiary Outreach and Education

- CMS will conduct intensive education and outreach to all Medicare beneficiaries, their families, caregivers, and advocates to help prepare for this change from September 2017 through April 2019
- Information about the new card is included in the 2018 Medicare & You Handbook that was mailed to all beneficiaries in September 2017
- Once they receive their new cards, beneficiaries will be instructed to safely and securely destroy their old Medicare cards and keep the new Medicare number confidential
- CMS is also working to develop a secure way for beneficiaries to be able to access their new Medicare number when needed

Timeline for Outreach

- **Now – September 2017: Setting Expectations**
- General Messaging
 - Coming in 2018: New Medicare cards!
 - Make sure your address on file with Medicare is correct or go to ssa.gov/myaccount to update
- Simple and responsive high-level messaging on [Medicare.gov](https://www.Medicare.gov) and 1-800-MEDICARE, Guard Your Card ad campaign
- Training to prepare partners ahead of broad-based outreach and education
- **September 2017: Card Awareness**
 - New Medicare card design is unveiled
 - Beneficiaries get information about the new card in the 2018 “Medicare & You” Handbook: When you get your new card, safely and securely destroy the old Medicare card, keep the new number confidential
 - Educational Materials and a more detailed training webinar will be available for Partners

Timeline for Outreach (continued)

- **October 2017 – December 2017: Open Enrollment**
 - Continue “Card Awareness” outreach through messaging embedded in regular Open Enrollment events and earned media, steady drumbeat messaging via press, social media, speaking engagements, blogs, etc.
 - Card messaging should supplement, but not supersede “review and compare” actions for Open Enrollment
- **January 2018 – March 2018: New Cards are Coming!**
 - Ramp up pre-mailing outreach and identify opportunities for sharing messages and materials with providers and people with Medicare
- **April 2018 – April 2019: Watch for your New Card**
 - Cards are mailed!
 - Simple, direct instructions included with the new card mailing
 - Active, localized information sharing
 - Robust messaging on [Medicare.gov](https://www.medicare.gov), 1-800-MEDICARE, Medicare social media
 - Specialized communications for those with limited English proficiency and alternative format needs

Key Points to Reinforce with Patients

- Understand that mailing everyone a new card will take some time. Your card might arrive at a different time than your friend's or neighbor's.
- Make sure your mailing address is up-to-date. If your address needs to be corrected, contact Social Security at ssa.gov/myaccount or 1-800-772-1213. TTY: 1-800-325-0778.
- Beware of anyone who contacts you about your new Medicare card. We will never ask you to give us personal or private information to get your new Medicare number and card.

Key Points to Know

1. Providers need to be ready by April 1, 2018 (systems and business processes)
2. There will be a 21- month transition period from April 1, 2018 – December 31, 2019
3. Providers will have 3 ways to get the new MBI:
 - a. Patient presents the card at time of service
 - b. Provider receives it through the remittance advice
 - c. Provider obtains it through the a secure web portal with the MAC
4. Providers have resources you can use when you talk to people with Medicare about the new Medicare cards:
<https://www.cms.gov/Medicare/New-Medicare-Card/Partners-and-Employers/Partners-and-employers.html>

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Final Thoughts

- Thank you for participating in this discussion today, to learn more about the New Medicare Card you can:
 - Participate in our Open Door Forums. We will let you know when calls are scheduled in MLN Connects (Providers)
 - Check our New Medicare Card website for other information:
<https://www.cms.gov/newcard>
- Here are resources you can use when you talk to people with Medicare about the new Medicare cards: <https://www.cms.gov/Medicare/New-Medicare-Card/Partners-and-Employers/Partners-and-employers.html>
- Please submit any additional comments or questions to the New Medicare Card team mailbox:
NewMedicareCardSSNRemoval@cms.hhs.gov

New Medicare Card Project Impact to the RDS Program

Program Website Updates

- Change announced on the RDS Program Website on April 27, 2017 and updated on September 25, 2017
- **New Medicare Card Project** page published
- Central location for information about the change
- Access from the **Regulations and Guidance** link and **Announcement & Quick Links** menus

The screenshot displays the CMS RDS (Retiree Drug Subsidy) Program Website. The header includes the CMS logo and navigation links: Home, About RDS, News and Events, Regulations and Guidance, Resource Library, Common Questions, and Contact Us. A search bar is located in the top right corner.

The main content area features a sidebar with a list of links: Important Application Deadline Information, Important Reconciliation Deadline Information, Cost Threshold And Cost Limit By Plan Year, Mandatory Payment Reduction, Laws & Regulations, and **New Medicare Card Project** (highlighted with a red box). The main content area displays three featured articles: "2018 Cost Thresholds and Cost Limits", "Change Your Account Manager or Authorized Representative", and "Accessing Your RDS Secure Website User Account".

The "Announcements" section on the left lists several updates:

- September 25, 2017**: RDS Webinar Invitation: New Medicare Card Project – Register Now. Join the Retiree Drug Subsidy (RDS) Center on Tuesday, October 24, 2017 from 2:00 PM – 3:00 PM Eastern Time for a webinar focused on the New Medicare Card Project (Known before as the Social Security Number Removal Initiative (SSNRI)).
- June 30, 2017**: Updated Login Warning and Processing Multiple Records for the Same Beneficiary Within the Same File. CMS' RDS Center has updated the Login Warning that all users must agree to when accessing the RDS Secure Website. To review the updated Login Warning, refer to the Login Warning page located in the Agreements section of the RDS Program Website.
- May 7, 2017**: Cost Threshold and Cost Limit Amounts for Plan Years Ending in 2018, and the Parameters for Medicare Part D Plans in 2018. On Monday, April 3, 2017 the Centers for Medicare & Medicaid Services (CMS) announced the Cost Threshold and Cost Limit amounts that apply to Plan Sponsors participating in CMS' Retiree Drug Subsidy (RDS) Program, with qualified prescription drug years that end in 2018, as well as the parameters for Medicare Part D plans in 2018.
- April 27, 2017**: CMS' New Medicare Card Project. The Centers for Medicare and Medicaid Services (CMS) has published a memorandum (updated 09/25/2017) regarding the New Medicare Card Project (known before as the Social Security Number Removal Initiative (SSNRI)).

The "RDS Spotlight" section on the right features several articles:

- Reminder: Don't Share RDS Secure Website Login Information**: CMS' RDS Center would like to remind RDS Secure Website users that it is a violation of Federal law to share or transfer user accounts or login and password information.
- Assigning a Different Role to a Current RDS Secure Website User**: The RDS Secure Website allows an individual to act in only one role at a time. If a Plan Sponsor wishes to assign a different role to a current user, it should keep a few things in mind.
- Having issues uploading a retiree file?**: CMS' RDS Center offers a number of tips for resolving errors when uploading a retiree file on the RDS Secure Website.
- Resolving RDS Secure Website User Account Issues**: Do you need to retrieve your RDS Secure Website Login ID, fix your email address, or enable your user account?
- Do you need to report a change of Plan Sponsor EIN or Company Name?**: As part of the Plan Sponsor Agreement and in accordance with 42 C.F.R. §423.892 of Federal regulations, Plan Sponsors are required to provide CMS with notice at least 60 days prior to the anticipated effective date of a change of Plan Sponsor Name or EIN (i.e., a change of ownership).

The bottom of the page features four quick links: "Get the RDS Welcome Kit", "RDS Common Questions", "RDS Technical Articles", and "RDS Program Components".

October 24, 2017

Retiree File Impacts

Secure Website and Connect:Direct Submitters:

- The field for Medicare Health Insurance Claim Number (HICN) will be renamed to “Medicare beneficiary identifier” and may contain MBI, HICN, or RRB *indefinitely*.
- This change affects Retiree Files, Response Files, Notification Files, and Covered Retiree Lists sent by CMS’ RDS Center and will also be updated.
- Reason Code 13 will be modified to reflect invalid format for the Medicare beneficiary identifier (MBI, HICN, RRB) or SSN.

MIR/VDSA Submitters:

- The field for Medicare Health Insurance Claim Number (HICN) will be renamed to “Medicare ID” and may contain MBI, HICN, or RRB *indefinitely*.
- This change affects Retiree Files, Response Files, and Notification Files.
- Responses will return the most current identifier which could be MBI on/after April 2018.
- Reason Code SP12 and disposition code of 06 will indicate the Medicare ID (MBI, HICN, RRB) or SSN is invalid.

Retiree File Impacts (cont.)

All Submitters:

- All RDS retiree file formats will be updated in November, 2017, however MBI will not be accepted by the RDS Center until April, 2018. Formal announcement will be made via RDS Program Website and email communication.
 - Submitting MBI prior to April 2018 will result in Reason Code 13 for SWS/C:D or Reason Code SP12 for MIR/VDSA
- RDS will return whichever identifier is provided in the Retiree List; the MBI will not be returned/provided to submitters that use another identifier in “Medicare beneficiary identifier” field.
- MBI crosswalk for retirees will not be provided.

No Change to SSN Field

- The RDS Center will continue to accept the Social Security Number (SSN) in the same field on the file layout as it is today.
- There will be no changes in the use of the SSN to identify RDS retirees on the retiree submission file or in QAR reports.

RDS Program Impacts

- Plan Sponsors and Vendors will need to understand the following changes:
 - Plan Sponsors and their vendors should submit the MBI on records when it is available
 - CMS will monitor the progress of RDS Plan Sponsors and their vendors in making the transition to submitting MBIs
- **Note:** The New Medicare Card Project has no impact on the requirement for RDS SWS users to provide their SSN during registration; that will still be a program requirement during and after the change.

Future Program Website Updates

- Retiree Processing Resources section of the RDS User Guide:
 - File Layouts
 - RDS Reason Codes
- Sample Retiree File Spreadsheet and Instructions
 - Plan Sponsors are encouraged to use the Sample Retiree File Spreadsheet as a template when submitting retiree files via the RDS Secure Website.
 - Located under Resource Library -> Sample Retiree File Spreadsheet

Retiree File Layouts

User Roles: **AM** **AR** **D** **V**

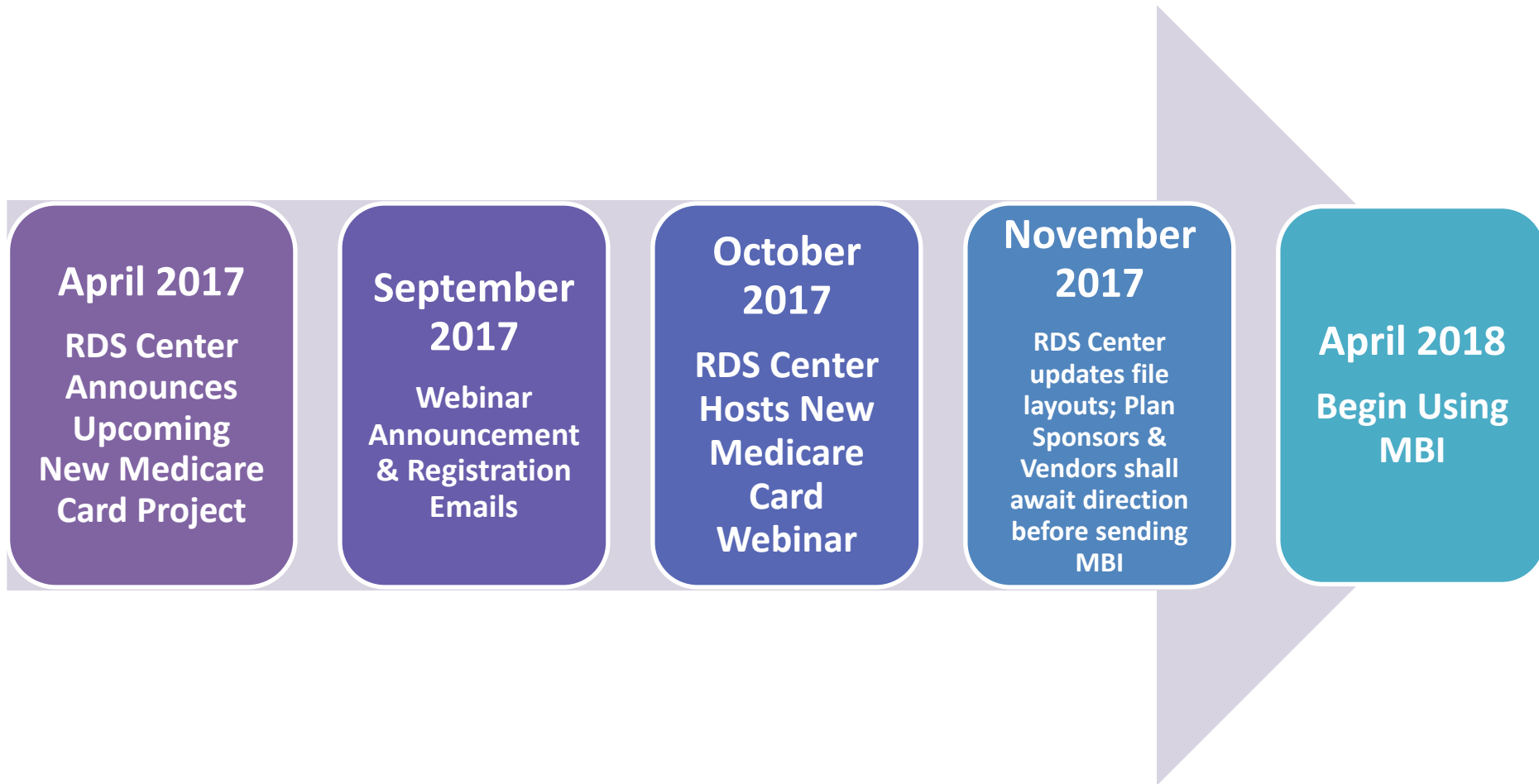
Program Components: 

The following retiree file layouts are available for reference:

- [Retiree File RDS Secure Website CSV File Layout](#)
- [Retiree File Mainframe Record Layout](#)
- [Retiree File Submissions Record Layout](#)

For tips on retiree file layouts, refer to [Best Practices for CSV File Layout](#) and [Best Practices for Mainframe Record Layout](#).

Timeline of Events



RDS Center Reminders

- ✓ Protect Your Secure Website Account
 - It is a violation of Federal law to share or transfer user accounts or login and password information.
 - Plan Sponsors are encouraged to protect account information and manage users responsibly.
- ✓ Plan Ahead For Reconciliation
 - Within 15 months after the application Plan Year End Date, Plan Sponsors complete Reconciliation, which can typically average 90 days to complete all 12 process steps.
 - Plan Sponsors that fail to meet the Reconciliation Deadline will not be granted any additional time to complete Reconciliation (CMS will not provide a longer time limit and no Plan Sponsor requests for Reconciliation Deadline Extensions will be considered).
 - Carefully consider the timing risk associated with resetting an application back to Step 3 too close to the Reconciliation Deadline.
- ✓ Keep Retiree Information Up-To-Date
 - Regularly download Covered Retiree Lists, submit updated retiree files to CMS' RDS Center during the Plan Year, and review Retiree Response Files and Weekly Notification Files to ensure costs are being reported based on the latest retiree information.

Questions

Thank You

- Thank you for participating in CMS' RDS Webinar *New Medicare Card Project* today. To learn more about the New Medicare Card impacts to the RDS program, you can:
 - Review Program Website materials:
 - <https://www.rds.cms.hhs.gov/>
 - Review RDS User Guide materials:
 - <https://www.rds.cms.hhs.gov/user-guide/rds-user-guide>
- Please submit any additional RDS comments or questions by opening a RDS Secure Website Support Request or submitting an email to CMS' RDS Center: RDS@cms.hhs.gov