



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 SSNs, which can lead to identity theft and illegal use of Medicare benefits.

When will CMS mail the new cards to people with Medicare, and what is the mailing schedule?

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.

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.

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.

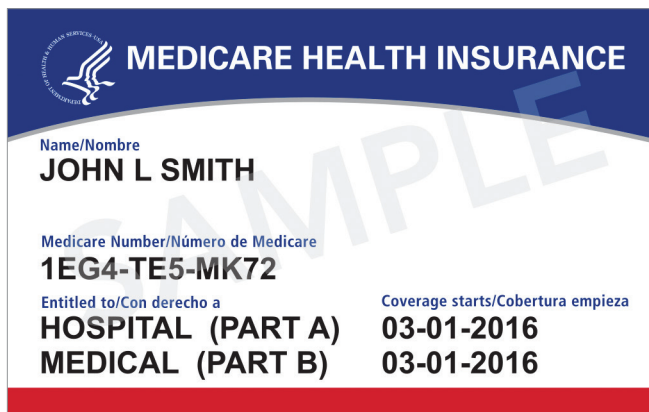
There will be a transition period when you can use either the HICN or the MBI to exchange data and information with us. **The transition period will start April 1, 2018, and run through December 31, 2019.** However, your systems must be ready to accept the new MBI by April 1, 2018. It's especially important 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?

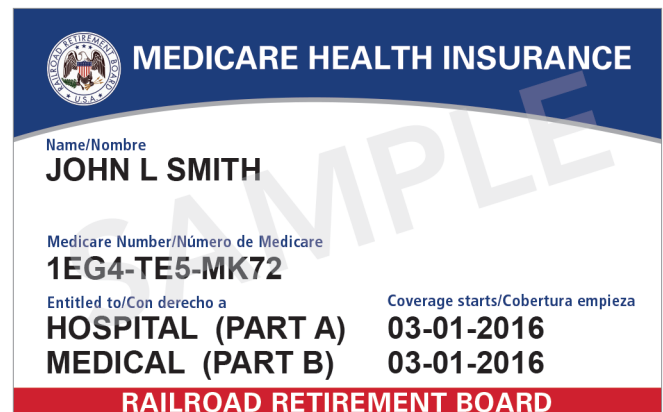
To get ready to use the new MBIs, make and internally test changes to your practice management systems and business processes by April 2018 before we mail new Medicare cards. Your billing and office staff might have to coordinate their work to make sure your practice is ready. You may need to change your systems to:

- **Automatically accept the new MBI from the [remittance advice \(835\)](#) transaction.** Beginning in October 2018 through the transition period, we'll also 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). Use the MBI format specifications (see "How will the MBI look" section below) if you currently have edits on the current HICN.
- **Identify your patients who qualify for Medicare under the Railroad Retirement Board (RRB).** The RRB will keep mailing cards with the RRB logo in the upper left corner and "Railroad Retirement Board" at the bottom, but you can't tell from looking at the MBI if your patients are eligible for Medicare because they're railroad retirees. 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 a Fee-For-Service (FFS) RRB patient. The message will say "Railroad Retirement Medicare Beneficiary" in 271 Loop 2110C, Segment MSG. Program your system to identify RRB patients based on the image of the card so you know to send those claims to the Specialty Medicare Administrative Contractor (SMAC).

New Medicare Card



RRB Issued Medicare Card



If you use vendors to bill Medicare, contact them to find out about their MBI practice management system changes. It's especially important that you're ready for people who are new to Medicare in April 2018 and after because they'll only get a card with the MBI.

If you don't have access to your MAC's provider portal, [sign up](#) so you can use the provider MBI look-up tool starting in June 2018. Your office/facility staff might want to coordinate with your billing/administrative staff, who may already have portal access.

You'll also want to attend our [calls](#) to get more information about this project; we'll let you know about upcoming calls through [MLN Connects](#).

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 either:

- Calling Social Security at **1-800-772-1213**, or going online to their online account at www.ssa.gov/myaccount
- Calling the RRB at **1-877-772-5772** for your patients who qualify for Medicare under the RRB

How can I help patients get ready for the change?

You can help your patients get ready for the change by:

- Giving your patients a tear-off sheet in [English](#) or [Spanish](#) to remind them to check their addresses.
- Displaying the New Medicare Card poster in [English](#) or [Spanish](#) in your office to tell your patients their new cards and new numbers are coming. You can also go to our [Partners & employers](#) page to find and order these and more resources to share with your patients about the new Medicare cards and MBIs.

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 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 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. Use the MBI as soon as your patients get their new cards beginning in April 2018.

Also starting in **April 2018** through the end of the transition period, if you use your FFS 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 don't or can'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 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, or call the RRB office at 1-877-772-5772.

What will a Medicare remittance advice look like in October 2018?**Medicare Remit Easy Print (MREP)** (for Medicare Part B providers & suppliers)

We give free [MREP software](#) so you can see and print remittance advice information.

Starting **October 1, 2018**, we'll update MREP so it also gives you the MBI when you submit a claim with a valid and active HICN. We're changing the current MREP Remittance Advice HICN label to Medicare ID (MID) and adding a new MID label and field that will show the MBI number that's in the ASC X12N 835 P in Loop 2100, NM109 of the Corrected Patient/Insured Name Segment. Here's an [MREP example](#).

PC Print (for Medicare Part A providers & facilities)

[Your MAC](#) can give you access to free PC Print software so you can see and print remittance advice information.

Starting **October 1, 2018**, we'll update PC Print so it also gives you the MBI when you submit a claim with a valid and active HICN. We're changing the current PC Print Remittance Advice HICN label to Medicare ID (MID) and adding a new MID Corrected (MID COR) label and field which will show the MBI in the ASC X12N 835 I in Loop 2100, NM109 of the Corrected Patient Name Segment. Here's a [PC Print example](#).

Standard Paper Remits (SPRs)

Starting **October 1, 2018**, we'll update the SPRs so it also gives you the MBI when you submit a claim with a valid and active HICN. Here are SPR examples:

[FISS](#) (Medicare Part A/Institutional)

[MCS](#) (Medicare Part B/Professional)

[VMS](#) (DMEPOS)

Don't forget that if you submit claims electronically, you'll get an Electronic Remittance Advice (ERA). You can also see and print the ERA through MREP and PC Print.

What qualifiers should I use?

For ASC X12N transactions, we'll use the Member Identification Number (MI) Identification Code Qualifier as follows:

- ASC X12N 270/271: Loop 2110C, NM1 – Subscriber Name Segment, NM108 – Identification Code Qualifier Element Detail
- ASC X12N 276/277: Loop 2100D, NM1 – Subscriber Name Segment, NM108 – Identification Code Qualifier Element Detail
- **Starting October 2018:** ASC X12N 835: Loop 2100, NM1 – Patient Name Segment, NM108 – Identification Code Qualifier Element Detail

- ASC X12N 837 I and P: Loop 2010BA, NM1 – Subscriber Name Segment, NM108 – Identification Code Qualifier Element Detail
- ASC X12N 278: Loop 2010C, NM1 – Subscriber Name Segment, NM108 – Identification Code Qualifier Element Detail

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:

- **FFS claim exceptions:**
 - **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 (home health claims and Request for Anticipated Payments [RAPs]) 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.

When will CMS share information with the public about the new Medicare card design?

We shared information about the new card design in September 2017 in the [Medicare & You Handbook 2018](#). The gender and signature line will be removed from the new cards. [Medicare.gov](#) has helpful information about the new card for your Medicare patients.

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.

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