Time’s almost up. Is your practice ready for the new Medicare card? Twenty percent of Medicare physician claims are still being submitted with old patient identifiers.

Between April 2018 and May 2019, the Centers for Medicare & Medicaid Services (CMS) mailed out new cards to all 60 million active Medicare beneficiaries. The new Medicare cards are designed to thwart identity theft and protect the personal information of Medicare beneficiaries.

The cards contain a new 11-character Medicare beneficiary identifier (MBI) that replaces the Social Security number-based health insurance claim number (HICN) used on the old cards. The congressional mandate to remove Social Security numbers from Medicare cards by April 2019 was included in the Medicare Access and CHIP Reauthorization Act (MACRA).

Starting Jan. 1, 2020, Medicare will only accept claims submitted with the MBI, though there will be limited exceptions for the use of HICNs, such as appeals and retrospective adjustments. Because this change has the potential to significantly affect practice workflows and revenue, practices should ensure that they are exclusively submitting claims containing MBIs ahead of the end of the HICN to MBI transition period on Dec. 31.

Follow this advice from the AMA to help your practice avoid payment delays and ease the transition for your senior patients.

Here are nine steps your practice should take to ease the transition and avoid payment delays:

**Educate practice staff** about the rollout of the new Medicare cards with the new MBIs.

**Contact practice-management system vendors** about what system changes need to be made to accommodate the MBIs.

**Alert your Medicare patients** that they should have received new Medicare cards with their new
MBIs.

**If your Medicare patients did not receive their cards**, request that your Medicare patients confirm that the Social Security Administration has their correct address on file.

**Tell patients to bring their new Medicare cards** to their next appointment after they receive it.

**Use the new MBI** in Medicare transactions as soon as it is available for the patient.

**Monitor eligibility responses** for messages that indicate the patient was mailed a new Medicare card. Note that Medicare will stop including these messages in eligibility responses at the end of the transition period on Dec. 31. All eligibility requests submitted with HICNs will be rejected beginning Jan. 1 next year.

**Monitor remittance advices** for messages that provide the patient’s MBI. If you send the MBI to your vendor or clearinghouse on a Medicare claim but see both the HICN and the MBI on the remittance advice, your vendor or clearinghouse is not using the MBI to submit your claims. Contact your vendor or clearinghouse today and ask about their process to submit Medicare claims.

Note that Medicare will automatically reject claims submitted with HICNs beginning Jan.1. The claim rejection messages will not specifically reference the MBI. Electronic claims will contain Claims Status Category Code of A7 (acknowledgment rejected for invalid information), a Claims Status Code of 164 (entity’s contract/member number) and an Entity Code of IL (subscriber).

**Sign up for the MBI look-up tool** via your regional MAC portal.

Additional AMA and CMS materials to help practices transition to using the MBI are available on the AMA’s “Prepare for the New Medicare Card” webpage. It includes guidance to ensure practices’ business systems and IT vendors are MBI-ready, as well as promotional posters and fliers to help publicize and explain the change to patients.

For example, practice-management systems should be able to save and store both the old HICN and the new MBI. While only the MBI will be accepted on Medicare transactions after the end of the transition period, practices may need the HICN for appeals, adjustments or reporting functions.

Practice staff should be aware that the new cards use dashes to break up the characters used in a beneficiary’s MBI. These dashes are intended to make the MBI easier to read but should not to be used or entered for transactions.


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