

## For your practice's technology vendors: Technical information for the *new* Medicare card

To help fight identity theft, the Centers for Medicare & Medicaid Services (CMS) is replacing the current Medicare beneficiary number, known as the Health Insurance Claim Number (HICN), with a new Medicare Beneficiary Identifier (MBI). CMS is replacing HICNs with MBIs for all Medicare beneficiaries, both current and deceased, and will begin mailing new Medicare cards containing the MBIs in April 2018.

Beginning April 2018, all information technology and practice management system vendors must be prepared to process these new MBIs in place of HICNs.

To ensure a seamless transition to the new identifier, please share the following tips with your technology and practice management system vendors to ensure they are prepared to:

- Update your practice management system's patient identification data to automatically accept and store the new Medicare number (MBI) from the remittance advice (835) transaction. Beginning October 2018, through the transition period, CMS will 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 now get the "changed HICN": 835 Loop 2100, Segment NM1 (Corrected Patient/Insured Name), Field NM109 (Identification Code).
- Prompt practice staff to ask a patient for the new Medicare card when an eligibility response includes a message indicating that CMS has mailed the beneficiary's new card. From April 2018 to December 2019, practices that submit a HICN on the 270 eligibility request transaction for patients who have been issued a new card will receive a 271 response with the following message: "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)." This information will be located in the 271 Loop 2110C, Segment MSG. Note that CMS will not send the MBI in eligibility transaction responses; this information will only be provided in the remittance advice transaction.
- 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.
- Program your system to identify your patients who qualify for Medicare under the Railroad Retirement Board (RRB). You will no longer be able to distinguish RRB patients by the number on the new Medicare card. You will be able to identify them by the RRB logo on their card, and CMS will return a message on the eligibility transaction response for a RRB patient. The message will say, "Railroad Retirement Medicare Beneficiary" in the 271 Loop 2110C, Segment MSG. If your practice has been relying on the HICN to identify your RRB patients, beginning April 2018, you must use another method to identify these patients so that Medicare claims are correctly sent to the RRB Specialty Medicare Administrative Contractor ([palmettogba.com](http://palmettogba.com)).

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For more information about the transition to the new Medicare card, visit [ama-assn.org/practice-management/prepare-new-medicare-card](http://ama-assn.org/practice-management/prepare-new-medicare-card) today.