

Social Security Number Removal Initiative (SSNRI)

Rural Health Clinic Technical Assistance Series Webinar

April 25, 2017

2:00 – 3:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until the question-and-answer session of today's call. At that time if you'd like to ask a question, please press star one.

Today's conference is being recorded. If you have any objections, please disconnect at this time. I would now like to turn the meeting over to Mr. Bill Finerfrock. You may begin. Thank you.

Bill Finerfrock: Thank you, operator and I want to welcome our participants today and just to note, some of you may be having difficulty logging-in on the Webinar portion of this. Unfortunately we had a limitation beyond our control on the links there. However, you will have full capability to listen via the audio and you can go if you have not done so already get a copy of the slides for today's call.

You can get those from the NARHC Website that's www.narhc.org. You go to the resources section of the page, click on the dropdown and you'll see a TA calls link and there under there the first link down will say SS number removal initiative and that link will give you the slides for today's call.

We have with us today our primary speaker will be Lois Serio whose SSNRI lead for states and communications. Today's topic is the transition from healthcare identification numbers to the new Medicare beneficiary identification number.

This series is sponsored by the Health Resources and Services Administration Federal Office of Rural Health Policy and is done in conjunction with the National Association of Rural Health Clinics.

We're supported by a cooperative agreement and as you saw on your screen previously through the Federal Office of Rural Health Policy and that allows us to bring these calls to you free of charge.

The purpose is to provide our RHC staff with valuable technical assistance and RHC-specific information. Today's call is the 75th in the series which began in late 2004. During that time there have been over 20,000 combined participants in this series.

As you know there is no charge to participate and we encourage you to refer others who might benefit from the information that sign-up to receive announcements regarding dates, topics, speakers, etcetera.

You can go to the HRSA Website which is also linked through the NARHC Website if you want to do that. We will have a Q&A period at the end of today's presentation. We request that when you want to ask a question, the operator will give you the instructions that you provide us with your name, city and location - state location - before your question.

You can also e-mail questions to info@narhc. Put RHC TA question in the subject line and we'll make every effort to answer those questions so without any further delay, we're pleased to have Lois Serio with CMS here with us today and look forward to your information on the Social Security replacement number initiative. It's all yours, Lois.

Lois Serio: Thank you and thank you all for inviting me to speak with you this afternoon on the Social Security Number Removal Initiative. Also with me today is Monica Kay and Tricia Rodgers. To give you a little bit of background the health insurance claim number otherwise known as HICN is a Medicare beneficiary's identification number.

And it's been used for paying claims and for determining eligibility for services across multiple entities, Social Security, the railroad retirement board, states, Medicare providers, health plans.

The Medicare Access and CHIP Reauthorization Act otherwise known as MACRA of 2015 mandates the removal of the Social Security number-based HICN from Medicare cards to address the current risk of beneficiary medical identity theft.

The legislation requires that CMS mail-out new Medicare cards with the new Medicare beneficiary identifier otherwise known as MBI by April 2019 so our program goals and our primary goal is to decrease the Medicare beneficiary vulnerability to identity theft by removing the Social Security number-based HICN from their Medicare identification cards and replacing the HICN with the new Medicare beneficiary identifier MBI.

In achieving this goal CMS seeks to minimize the burdens for beneficiaries, minimize burdens for providers, and also minimize disruptions to Medicare operations. We also want to provide a solution to our business partners that will allow the usage of HICN and/or MBI for business critical data exchanges as well as manage the cost, the scope and the schedule for the project.

Along with our partners CMS will address complex system changes for over 75 systems. We'll conduct extensive outreach and education activities and are also analyzing the many changes that will be needed to the systems and business processes affected by this.

We also will reach-out and work with the affected stakeholders that includes all our federal partners, the states, beneficiaries, providers, plans, other key stakeholders such as yourself, billing agencies, advocacy groups, data warehouses, etc.

CMS has been working closely with our partners and stakeholders to implement this Social Security Number Removal Initiative and let's walk through the implementation of the SSNRI. The Social Security Number Removal Initiative must provide the following capabilities.

We need to generate MBIs for all beneficiaries. This includes existing, currently active, deceased or archived and all new incoming beneficiaries. We need to issue new redesigned Medicare cards. New cards containing the MBI will be mailed to existing and new beneficiaries.

We also need to modify our systems and business processes. This requires updates to accommodate the receipt, the transmission, display and processing of the MBI across all these systems and business processes.

CMS will use the MBI generator to assign 150 million MBIs in the initial enumeration. That will be 60 million active and 90 million deceased and/or archived and generate a unique MBI for each new Medicare beneficiary.

We will generate a new unique MBI also for a Medicare beneficiary whose identity has been compromised so let's go on to Slide 7 and we're going to show you visually the difference between the current HICN and the new MBI.

Currently the Health Insurance Claim Number is a primary beneficiary accountholder's Social Security number plus the BIC, the Beneficiary Identification Code. It's a nine-byte SSN plus the one or two-byte BIC. The key positions 1 through 9 are numeric and you can see on the right-hand side of the slide a current fictitious SSN-Based HICN.

The new Medicare beneficiary identifier is non-intelligent and it's unique. It is 11 bytes and the key positions 2, 5, 8 and 9 will always be alphabetic. The MBI has the same number of characters as the current HICN 11 will be visibly distinguishable from the HICN.

So as we can see on the left side, you can tell the difference just by taking a look that it's a new number. It will contain an upper-case alphabetic and numeric characters throughout the 11-digit identifier. It occupies the same field as the HICN in transactions.

It's also and this is an important point it's unique to each beneficiary. For example the husband and wife will have their own MBI. It's easy to read and will limit the possibility of letters being interpreted as numbers. For example alphabetic characters are upper-case only and will exclude the letters S, L, O, I, B and Z.

It will not contain any embedded intelligence or special characters and it will 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 that are still undergoing review.

The next slide is a visual as far as the MBI generation and the transition period so to the left in January 2018 we will activate the MBI generator and the translation services. Starting in April of 2018 we will conduct a phased card issuance to beneficiaries and that will be from April 2018 through May of 2019.

The transition period begins when we mail-out the first card in April of 2018 and it goes through December 2019 so during this transition period you can accept and process both HICN and MBI on transactions. After December 2019 and January of 2020, HICNs no longer will be exchanged with beneficiaries, providers, plans and other third parties with some exceptions.

So again on Slide 10 the transition period will run from April 2018 through December 31st, 2019. CMS will complete its systems and process updates to be ready to accept and return the MBI on April 1st, 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 1st, 2018.

Stakeholders may submit either the MBI or HICN during this transition period. CMS will accept, use for processing and return to stakeholders either the MBI or HICN whichever is submitted during the transition period.

In addition beginning October 2018 through the end of the transition period, when a valid and active HICN is submitted with Medicare fee-for-service claims, both the HICN and the MBI will be returned on the remittance advice.

So once the transition period is over, you'll still be able to use the HICN in these situations. The first would be appeals. Appeal requests and related forms will be accepted with either a HICN or MBI. Secondly, reports.

Incoming reports to CMS for example quality reporting, disproportionate hospital data requests and outgoing reports from CMS, for example provider statistical and reimbursement reports, accountable care organization reports will also allow the HICN.

Thirdly, retroactive enrollments. Span date claims, inpatient hospitals, home health, religious, nonmedical healthcare institution claims with a from date prior to the end of the transition period 12/31/19. Adjustments, use the HICN for adjustments where you originally submitted a HICN on the claim, example the PDE risk adjustment and encounter data.

Incoming information requests, inquiries, Medicare secondary payer information requests, requests for medical documentation and incoming premium payments, Part A premiums, Part B premiums, Part D income-related monthly adjustments, etc.

The HICN will still be used in these situations. The SSNRI card issuance, CMS will begin issuing new Medicare cards as we stated for existing beneficiaries after the initial enumeration of MBI roughly the 60 million beneficiaries.

On this new card the gender and signature line will be removed. The railroad retirement board will also issue their new cards to RRB beneficiaries. We will

be working with states that currently include the HICN on Medicaid cards to remove the Medicare ID and replace it with an MBI.

CMS will also conduct intensive education and outreach to all Medicare beneficiaries and their agents to help prepare for this change. Our outreach and education, we will be reaching-out approximately to the 60 million beneficiaries, their agents, advocacy groups and caregivers.

Health plans, the provider community, 1.5 million providers, states and territories, key stakeholders, vendors and other partners so we will be working with all of them and you and providing education and outreach information materials as we move forward to implementation.

We want to make sure that we involve all of the stakeholders in our outreach and education efforts using existing vehicles for communication. For example open door forums, the HPMS notices, all the channels that CMS currently uses to reach-out to our stakeholders, we will use those same channels to inform and educate on this initiative.

And we want to thank you all today for participating in this discussion. We are open for questions and remember we are having open-door forums quarterly provider open-door forums talking about the SSNRI initiative and we have a Website the SSNRI Website that you can go to for all the updated and latest information.

That's at <http://go.cms.gov/ssnri> and please share that Website with your partners and stakeholders. It will be updated on a regular basis and if you have any additional comments or questions for us, the SSNRI team mailbox is ssnremoval@cms.hhs.gov. We are happy to review your questions and get

back to you as soon as possible with an answer so we can open it up for questions.

Bill Finerfrock: Okay, we've got operator, you want to give the instructions?

Coordinator: Yes, sure, at this time if you'd like to ask a question, please unmute your line, press star one, record your first and last name when prompted. If you'd like to withdraw the question, you may press star two. Once again in order to ask a question, please press star one. Just a few moments, please.

Bill Finerfrock: While we're waiting there, we have gotten some started in the chat box. (Sheila) asks I missed the date when CMS will start to send-out the new insurance cards. Can you restate the date?

Lois Serio: So the new Medicare cards will start to be mailed-out starting in April of 2018.

Bill Finerfrock: Okay, so just basically about a year from now?

Lois Serio: Correct.

Bill Finerfrock: Okay, you mentioned that these are not intelligent numbers. Can you elaborate on that? What does that mean exactly that a number is not intelligent?

Lois Serio: So there's no meaning to any of these numbers. For instance the original health insurance claim number of course you see it had a Social Security number identifying it. This number is just randomly generated numbers and letters and so there is no meaning. You can't tell the individual who has it.

You can't tell what type of eligibility they have which is the difference between the MBI and the former HICN.

Bill Finerfrock: Okay, thank you. Operator, do we have questions online from the phone?

Coordinator: Not yet. We may have some that are coming-in. They just haven't shown-up yet. Give me a moment, please.

Bill Finerfrock: Okay. I have another one so in terms of the timing and how long folks can use the HICN, as you know there's a one-year timeline that from the data services provided until you have to submit the Medicare claim.

As we get towards the back end of this process and if individuals are in 2018 or 2019 and they have a patient that they're seeing when the HICN is still usable but they don't get around to submitting the claim until the MBI is in place, does the system allow for that so you should use the number that is appropriate at the date in which you submit the claim as opposed to the date of service when you're provided the service? I don't know if that makes sense or not.

Lois Serio: So this is part of our span date claims for instance if you enter an institution or receive services prior to the end of the transition period, you would use the HICN.

Bill Finerfrock: Okay, all right. We have online here when is CMS going to begin outreach to EHR vendors and clearinghouses or have you done so already?

Lois Serio: We are doing that now. We have done open door forums. We've actually had listening sessions so we've been reaching-out to all our stakeholders and talking about this and trying to communicate with them the changes.

Bill Finerfrock: So when so can folks look to their vendors to be a trusted source of information on this, that I suspect that, you know, they're obviously interacting with them on a regular basis or they will have all of this build into their systems as well?

Lois Serio: That's something that we would encourage everyone to ensure that their partner or their vendor partners have in place, you know, check with your vendor, make sure that they will be ready by April 2018 to move forward but rest assured that we are reaching-out to them to let them know they need to be ready.

Bill Finerfrock: Okay, operator, do we have any call-in questions?

Coordinator: We do have one that came-in from Morrill County Hospital. Your line is open.

Woman: Hi, we were wondering if the hospital Part A and Part B will still be displayed on the card with the effective date.

Lois Serio: Yes, it will still be displayed on the card.

Woman: And with effective date?

Lois Serio: Yes, that is correct.

Woman: All right, thank you.

Coordinator: We have no further questions on the phone lines at this time.

Bill Finerfrock: I'm not seeing any typed into the chat box. If you do have questions, please don't hold back. I invariably get three or four questions that will be e-mailed to me after the calls are over so now is an opportune time to ask your questions.

Obviously you'll be getting more information on this as time evolves but you need to be will CMS be coming-up with any kind of, you know, best practices or things that practices and providers should be doing? You mentioned for example talking to your vendors, are there other things that CMS will come-out with to try and make sure that the providers are fully prepared for this?

Tricia Rodgers: Yes, this is Tricia Rodgers, thank you for that question. We encourage everyone to look at the Social Security Number Removal Initiative Webpages. That's where the most current information is. We will also reach-out to folks through our normal channels through the Medicare learning network connects, (MLN Connects), e-news, message through our Webpages, through open-door forums.

Just in order to prepare for April of 2018, you know, your systems and office processes must be ready to accept that new MBI because patients new to Medicare who bring-in their new cards will only ever know their MBI.

They will not know that they will not have a HICN and so this will likely take some changes to your systems so make sure you implement and internally test those changes before we begin mailing the cards in 2018.

And as I said before, you know, you want to make sure that you're billing and office staff know about these changes and speak to your vendors to make sure that their practice management systems are ready to give you information about the MBI and be able to accept and transmit the MBI as well.

Bill Finerfrock: Yes, and you know, you just mentioned something, I know this has always been an issue when CMS has gone through these other types of operational changes but will there be a testing period with the Medicare contractors? You talked about testing with you vendors internally, what about external testing? Similar to what we saw with ICD-10 and some of the other major changeovers?

Tricia Rodgers: So CMS is doing internal testing of course within our system and we encourage you to test internally with your systems and then the transition period will give you time to either submit the HICN or MBI. If you submit an MBI and it doesn't work, you can submit the HICN.

You'll know with the remittance advice when you submit a HICN if you submit a valid and active HICN it will give you back on the remittance advice the MBI and so you can use that then to submit the next claim and so we're looking at the transition period as outside of CMS testing opportunities.

Bill Finerfrock: Color me skeptical on that one, we'll see. I appreciate that. I think in the past some of these testing opportunities have brought forward some things that weren't necessarily thought of in the example you gave.

While the opportunity to resubmit through the HICN is sufficient to get the claim paid, how do you know why it rejected under the MBI, whether it was a

problem on the provider end or a problem on the MAC end if folks default and just say okay, I'll do it but at some point we have to figure-out what they claim with the MBI was not properly processing and how do we find that out unless we do ...

Tricia Rodgers: Thank you for that comment. We're certainly going to be looking very closely at everything that comes-in during the transition period and looking to see if it's anything on our end or if it's simply a missed key on the submission end.

Bill Finerfrock: Okay. We had another, operator, do we have any questions on the phone?

Coordinator: We do. We have a few to come-in, we have about four now.

Bill Finerfrock: Okay, why don't we take those and then I'll keep track of the ones online here?

Coordinator: Okay, the first comes from I think its (Carol McGill). Your line is open.

Bill Finerfrock: Go ahead (Carol) and where are you calling from?

(Carol McGill): Family Practice Associates in Holton, Kansas.

Bill Finerfrock: Great, what's your question?

(Carol McGill): Right now I work our TP on FISS and to get in there and we checked with the HICN to bring it up and are they going to be changing over and when?

Tricia Rodgers: So this is Tricia. Yes, after the December 31st, 2019 you will need to check using the MBIs. Until then you can check status with the HICN or the MBI.

(Carol McGill): Okay, I have another question.

Bill Finerfrock: Okay.

(Carol McGill): We have some people that start-off on their husband's HICN but then when they get to the and because they're continuing to work and build-up their own and then and when they get to whatever age they want to retire themselves thinking they go into their own, are they going to get cards for both of those numbers?

Monica Kay: So this is Monica. They will receive cards for each individual person so no longer will that person's spouse have that SSN plus the A or B or that beneficiary identification code. They will have their own unique Medicare beneficiary identifier for each person who's receiving Medicare and they will receive their own card.

(Carol McGill): Yes, ma'am, but if the husband is deceased and you're talking about deceased members, you're going to be sending-out cards for them too?

Monica Kay: No, we will not be sending-out a card to deceased members. We will only be sending-out cards for those active members. We will be assigning MBIs for folks who are archived and deceased but they will not receive a card in the mail.

(Carol McGill): Okay, I misunderstood that, sorry.

Monica Kay: No worries, no problem.

Bill Finerfrock: There was hard, they figured they were going to do that but then they figured it was going to be hard to get it to them in the mail if they were deceased.

Monica Kay: That is what we thought.

Coordinator: Next we have (Danielle) on the line.

Bill Finerfrock: Thank you, (Danielle), where are you calling from?

(Danielle): Johnson Memorial in Dawson, Minnesota.

Bill Finerfrock: Go ahead.

(Danielle): I am just wondering if we have a claim that is submitted either prior to the transition period or during the transition period and then have a corrected claim to submit after the transition period? Do we use which number do we use?

Tricia Rodgers: This is Tricia. You should use the number that you used when you submitted the original claim.

(Danielle): Okay. Okay, thank you.

Tricia Rodgers: Uh huh.

Coordinator: Next we have (Jennifer Boyd). Your line is open.

(Jennifer Boyd): Hi, I'm from Louis J. Radnothy in Umatilla, Florida and I was wondering, will the railroad cards look different?

Monica Kay: So this is Monica. We're in discussions now with the railroad retirement board. Currently their cards are red, white and blue with the RRB logo on it and so we're in discussions now with them about potential card updates but we don't have any discrete information on RRB. It will look and feel different than our Medicare card ...

(Jennifer Boyd): Okay, one other ...

Monica Kay: ... but numbers will be the same.

(Jennifer Boyd): Okay, and one other question so there will be no way to distinguish if somebody has their Medicare number through various reasons, it's just going to be a random number and letter combo?

Monica Kay: That is correct, it will be a randomized, non-intelligent number.

(Jennifer Boyd): Okay, thank you.

Coordinator: Our last question comes from (Connie Labuff). Your line is open.

(Connie Labuff): Yes, ma'am, I was wondering if we have patients that come-in and they do not bring-in their new card after the transition period, will the IVR system still work as it does now and give us the MBI?

Tricia Rodgers: So this is Tricia. Do you mean the interactive voice response systems?

(Connie Labuff): Yes, ma'am.

Tricia Rodgers: So in the past you would need to have given them the Social Security number and other identifiers to get that information. Are you talking about the IVR?

(Connie Labuff): Yes, ma'am.

Tricia Rodgers: So you will need to tell the beneficiary to bring-in their card at the point of service and with our extensive outreach that we're going to be starting with both the beneficiaries and their caregivers, we expect that there will be a lot of information out there and beneficiaries and your patients will be bringing their cards with them to get services.

If they do not and it's after the transition period, we encourage you to use similar processes that you have today when a beneficiary cannot tell you what their Social Security number or their Medicare card number is and follow those processes.

(Connie Labuff): Okay, good, thank you, ma'am.

Tricia Rodgers: Thank you.

Coordinator: And we have no further questions at this time.

Bill Finerfrock: Okay, we'll go back to some of them online. One are there flyers that providers can put in their waiting areas for patients to see or will you be creating those if they don't currently exist?

Tricia Rodgers: Thanks for that question, this is Tricia. We are in the process of creating those and will make those available for providers to download and print-off so that they have information in their offices when their patients come-in.

Bill Finerfrock: Okay, great. This is another question through the online, if we have to follow-up on an outstanding claim for a deceased patient after 12/31/19 how will we know what the MBI is?

Lois Serio: So for adjustments and retroactive reports and appeals, you're still able to use the HICN after the end of the transition period of 12/31/19 so you can still use the HICN for those.

Bill Finerfrock: Okay, great, and then finally is there anything agencies should be doing to prepare staff such as front desk workers, billing, outreach staff? Will there be specific information available for things that they should be doing or communicating?

Lois Serio: Yes, along with the information that we'll be giving to providers for their patients, we also will be preparing some information just to remind the different providers and their staff what is coming, what's happening, that you'll need to collect the MBI at the office visits, you need to make sure your systems are ready to go and so we'll be getting that information to you out to the providers to download and print-off as well.

Monica Kay: And keep in mind continue to go back to our SSNRI Website when cms.gov. We have the address on our slides and if you just search SSNRI on cms.gov it will come-up as well.

Bill Finerfrock: Okay, online folks are saying it's still not clear if CMS will have a mechanism to help the provider get the MBI if the beneficiary does not bring it in. If that situation occurs, is there anything that the provider can do independent of relying upon the patient to bring their card in or bring their MBI in to get that information or are they completely dependent on the patient?

Tricia Rodgers: Well, originally our policy was that providers needed to get the MBI from their patients at the point of service. However, we heard your concerns during our feedback sessions and so as Lois mentioned beginning in October 2018 through the end of the transition period, we'll provide the MBI on the remittance advice when a provider submits a claim using a valid and active HICN.

And again this is in addition to that transition period where providers can submit either the HICN or the MBI on their claims for reimbursement and we're also committed to giving the extensive outreach to patients to bring their new cards with them to all healthcare service visits and we will also let you know in the message field on our eligibility responses that we've mailed the card to the patients so you're aware when they should have their cards with them or when they should have their card to bring with them.

Bill Finerfrock: So that all is dependent upon the patient having had contact with the provider, what if you have a patient who's still an active patient but for whatever reason has not been in to the practice during that period? Is there anything proactively that a practice could do to go through and, you know, look at their records and say we've still not received the MBIs for these patients?

They're, you know, they haven't come-in but they may. Can they do anything proactively to reach-out and say can I get the MBIs for these 10 HICNs who

are patients but who have not been in or is it strictly dependent on having a patient come-in and generating a claim or having a patient come-in and bring their card?

Tricia Rodgers: Yes, when the patient calls for an appointment, we would ask that you proactively remind them to bring their card with them. That's the proactive part that provider can play in this instance. Otherwise if it's during the transition period, you can as we mentioned you can submit either the HICN or the MBI.

If you submit the HICN, you'll get the MBI back on the remittance advice for the next time they come in. If it's outside of the transition period, when a patient calls to make an appointment, we encourage you to remind them to bring their card with them to the appointment.

Bill Finerfrock: Right, no, I get that. What I'm talking about is a patient who for whatever reason, you know, they live in the community but they just have had no reason to come into the clinic during this period of time so there's been no, you know, they haven't called to setup an appointment, they haven't been sick.

You know, they're for whatever reason, could the practice independent of because there's been no contact with the patient, simply reach-out to CMS and say hey, you know, Mr. Finerfrock hasn't given us his MBI. He hasn't been in. We haven't been able to submit a claim.

Can we just get his MBI? Is there anything short of an engagement with a patient that would allow the provider to get the MBI for a patient for whom they have an active record but has not been in during physically contact with the practice during this transition period?

Monica Kay: So this is Monica. The hope would be from CMS is that it would be activated upon setting an appointment and receiving a service so once that person comes-in to receive that service, that providers would ask them for that MBI so that would be available to them when they come-in for that appointment.

Bill Finerfrock: Okay, all right, all right, the let's see ...

Wakina Scott: Hey, Bill, this is Wakina so I was just trying to check what's happening on the chat box as well too so one of the questions came-in, what about the eligibility Website, is there any idea when they will start using the MBI when we are checking status? I don't know if that was addressed.

Lois Serio: Yes, so the 270, 271 eligibility inquiries and responses, you can begin using the MBI in April of 2018. You can use the MBI or the HICN during the transition period so from April 2018 through the end of December 2019 you can use either the MBI or the HICN to check eligibility and then beginning January 1st, 2020 you'll need to use the MBI to check eligibility.

Wakina Scott: Thank you and there was also another one, and I'm not sure if this was actually answered too. What about the claim status inquiries for deceased patients after 12/31/2019 so I think you previously ...

Bill Finerfrock: I thought that was answered but go ahead if you want to say it again or if you didn't.

Lois Serio: So if you need to file an appeal or make an adjustment to someone who's now deceased, you can still use the HICN even after the transition period.

Bill Finerfrock: Right, right. Operator, any calls online on the phone or any questions?

Coordinator: We do have another question from Morrill County Hospital. Your line is open.

Woman: Thank you ...

((Crosstalk))

Bill Finerfrock: Where are you calling from?

Woman: Morrill County Hospital in Bridgeport, Nebraska.

Bill Finerfrock: Great.

Woman: And I just need to clarify and you might have done this already so I apologize but you said when we get our remittance back from Medicare, will the facility and the provider remit have both the HIC number and the new MBI number on it.

Monica Kay: If you submit an active and valid HICN during the transition period after October 2018, we will send you'll get the remittance advice. We'll have both the HICN that you submitted and the new MBI on the remittance advice.

Woman: Regardless of if the facility could see we're rural health clinic and a critical access hospital so regardless of if it's a facility fee or a professional fee to Medicare.

Tricia Rodgers: True, on the remittance advice, if you submit a valid and active HICN, it will come back on the remittance advice. The MBI will be returned on the remittance advice and that ...

Woman: Okay, thank you.

Tricia Rodgers: ... on our Webpage we have more information that's probably more information than you want now but it's 835 Loop 2100 Segment NM1, Field NM109. There's more information on our provider page there.

Woman: Okay, thank you.

Tricia Rodgers: You're welcome.

Coordinator: And we have no further questions on the phone lines.

Bill Finerfrock: Okay, will a patient still be assigned an MBI even if they have chosen a Medicare replacement plan as their healthcare as their insurance?

Monica Kay: This is Monica Kay. I believe so but can you please send that question just so I can follow that up? My initial answer is yes, everyone will receive an MBI if they're in the Medicare system but can you please send that question directly to fsnremoval@cms.hhs.gov? I just want to make sure I'm giving you the best answer.

Bill Finerfrock: Sure, we'll go ahead and take that. That was from (Gina Filipovich) but (Gina) we'll go ahead and take care of setting that question in and then when we get the answer, we'll post that up on the list-serve.

Lois Serio: And you said to be clear it was that for a MediGap program or ...

Bill Finerfrock: No, this is Medicare, well, it says Medicare replacement plan which I take as a Medicare advantage plan.

Lois Serio: Okay, so definitely. If it's a Medicare advantage plan then yes, they will receive an MBI but I do want to note that they can still use their cards that are issued by that plan.

Bill Finerfrock: Okay, all right. So do you want me to submit that question or that's the answer we would get even if we submitted it?

Lois Serio: Thank you.

Bill Finerfrock: I'm sorry, I didn't hear your answer as to whether or not you want to submit it.

Lois Serio: Yes, please, yes, please.

Bill Finerfrock: Okay, all right, we'll take care of that. Another, what about a patient that comes into the emergency room and expires, how do we get a Medicare number?

Tricia Rodgers: This is Tricia. You need to follow the same processes that you would today when you can't get the Medicare ID from a patient.

Bill Finerfrock: Okay. All right. Operator, any calls online.

Coordinator: There are no further questions.

Bill Finerfrock: Okay, sorry, I'm mixed ...

Wakina Scott: Bill, this is Wakina again. Did we address how will the provider get the MBI on nursing home patients?

Bill Finerfrock: We did not. I think that's kind of what I was trying to get at that these may be individuals who don't necessarily come into the practice but, you know, are connected to the practice but is there anything special with regard to a nursing home patient?

Lois Serio: We would just encourage you to coordinate with the facility that the hospital they're leaving or their caregivers to get that information if the beneficiary can't give it to you him or herself.

Bill Finerfrock: Okay, is there any strategy or plan with regard to the distribution of the cards in terms of you're just going to go through and do them alphabetically so everybody with, you know, last name beginning with A gets them first and Z gets them last or will it be done geographically, you know, by state, you know, starting with this state or starting on the East Coast of the country and working your way.

Is there any strategy or plan as to when people, you know, would start hearing about this at the beneficiary getting their new numbers?

Monica Kay: So CMS and this is Monica, CMS is still determining the roll-out strategy for the cards at the time.

Bill Finerfrock: Okay. I'm not seeing any more come-in online, operator do we have any more on the phone?

Coordinator: No, sir.

Bill Finerfrock: Okay, I'll go ahead and start doing the wrap-up then on this from our end. I want to thank first of all our friends from CMS, Lois Serio, Monica Kay and others there who have been extremely helpful. I think some of the questions were excellent and teased-out some information that was very helpful.

These calls as you know as I mentioned at the outset are free. Please encourage others who may be interested to register for their IT technical assistance series to do so. Today's call was recorded and a transcript and audio recording of the call will be available for download from the Federal Office of Rural Health Policy's Website hopefully in the not too distant future.

We have a process we have to go through before we can post everything up. If you have suggestions for future topics you can send those to info@narhc.org and put RHC TA topic in the subject line. I did want to note we're going to have a quick turnaround. We'll have another RHC TA call next week. It is scheduled for May 4 at 2:00 Eastern.

We'll send a notice out on that. This will be going over the new CMS emergency preparedness requirements that are going to go into effect later this year to make sure you're aware of all of the requirements you will need to meet as rural health clinics to adhere to the new CMS emergency preparedness. Again that will be on May 4th at 2:00 pm.

You want to put that on your calendars and we'll be getting information out on that with the details very shortly. Thank you for everyone for your participation and in particular thanks to our friends in CMS for providing us with this information and thank you to the Federal Office of Rural Health Policy for creating this opportunity to get this information out. That will conclude today's call and thanks everyone for participating.

Coordinator: Once again, thank you for joining today's conference. This now concludes your conference. All lines may disconnect at this time.

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