**Medicare Beneficiary Identifier (MBI) Cards**

**Rural Health Clinic Technical Assistance Series Webinar**

**May 22, 2018**

**2:00 – 3:00 pm ET**

Operator: Good day and welcome to the Rural Health Clinic Technical Assistance Webinar. Today’s conference is being reported. At this time, I'd like to turn the conference over to Mr. Bill Finerfrock. Please go ahead.

Bill Finerfrock: Thank you, operator. And as she said, my name is Bill Finerfrock and I'm the Executive Director of the National Association of Rural Health Clinics. And I'll be the moderator for today's call. Today’s call is about the new Medicare beneficiary ID numbers that have begun getting rolled out. We’re pleased to have with us today as our speaker, Dr. Eugene Freund who's a medical officer in the Office of Communications for the Centers for Medicare and Medicaid Services.

Just a little bit of housekeeping. 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 can see on your screen, through the Federal Office of Rural Health Policy, and that allows us to bring you these calls free of charge.

The purpose of this series is to provide RFC staff with valuable technical assistance and RFC specific information. Today’s call is the 82nd in the series which began in late 2004. During that time, over 22,000 combined participants on these teleconference webinars series have been involved.

As you know, there's no charge to participate and we encourage you to refer others who might benefit from the information to sign up to receive announcements regarding date, topics, speaker presentations. And for that, you can go to the Rural Health Information Hub website. Just Google RHI Hub and it will take you there.

During the Q&A period today, we ask that you identify yourself by name, city and State before asking your questions. Also, there's an option to load that question in into the - on to the web page and we'll go back and forth between questions online and questions over the phone. In the future, if you have questions about this, please send an email to BF, B as in Bill, F as in Finerfrock at NARHC.org and put RHC TA question in the subject line.

Gene, I really appreciate you taking the time to be with us today. This is a really important initiative, one that I know I've heard personally that there are a number of beneficiaries who are happy that they no longer have to use their Social Security number and they now have a Medicare specific ID number. We look forward to hearing more about what Rural Health Clinics can do in terms of working with their patients to help make sure this goes as smoothly as possible. So Gene, the time is yours.

Dr. Eugene Freund: Okay. Thank you very much, Bill. I appreciate the opportunity to talk to you. For those of you who have been into - called into our rural health open door forums, this presentation will look very familiar. I can give a few updates.

And most important, at the end I want to hear from you if there are issues or concerns, or if you have questions because as the provider ombudsman for the new Medicare card, my job is to get the sense of what is going on out there and troubleshoot any problems.

That being said, I think the folks - and I got into this rather late. I think the people who designed this did a really good job of covering all the bases. CMS is keeping a real close eye on the whole process and I think it's going fairly smoothly. So it's a nice project to be an ombudsman for.

You can see on this first slide, a new Medicare card. You'll notice the Medicare number. Or it's now called the Medicare Beneficiary Identifier. For this John L. Smith is something that does not look at all like a Social Security number with an identifier. I mean an extra character. It is totally different. It does take up 11 spaces, and that's the closeness it has. It's pretty much a random number. It doesn't have any intelligence built into it. And most importantly, it does not give away someone's Social Security number if it's compromised.

So that's the whole point of the card. We've been eager to get rid of that Social Security number for a long time. And, you know, it is the - because the health insurance claim number, as I go to the second slide, is a Medicare beneficiary’s identification number. It’s used for processing claims and for determining eligibility and for services across a bunch of entities.

The MACRA Act, the Medicare Access and CHIP Reauthorization Act of 2015, mandated the removal of the Social Security number, and also provided funding. Legislation required that we mail out new Medicare cards with the new Medicare beneficiary identifier by April 2019, and we are in that process right now.

Here is the - what the IT people call the solution concept. The solution provided the following capabilities. Generating Medicare beneficiary identifiers for all beneficiaries. That means everybody, including existing beneficiaries. In fact, those who are currently active, those who are deceased or archived and new beneficiaries. So every one of them.

(Humor attempt) I think, if I'm going to be critical about my agency, I think we did lose an important opportunity. There are images out there of Harry S. Truman’s first ever Medicare card that has a Social Security number. Why we didn't make that model with his new Medicare beneficiary identifier on it, I don't know. There might be legal issues there, but that would have been pretty cool, and I think that was a missed opportunity. But it doesn't affect any of the functions.

So next, we will need to issue new redesigned cards. The new cards will have the MBI. And those are going out to all new beneficiaries and are being phased into the existing ones. And of course the systems business processes. That's where a lot of the real work was needed to be done to accommodate the receipt, the transmission display and processing of the MBI.

The way it works is CMS has an MBI generator, a piece of software that assigned the 150 million MBIs in the initial enumeration. So 60 million active, 90 million deceased and archived, including Harry S. Truman, and generate a new MBI for each new Medicare beneficiary.

And the other thing it can do is generate a new unique MBI for any Medicare beneficiary whose identity has been compromised. So we have the capability of providing new identifiers for people when that need arises.

It has several characteristics. It’s kind of in the weeds, but same number of characters is 11. But as you saw, it's quite different. It has upper case alphabetic and numeric characters. It occupies the same field as the HICN on transactions. So any paper forms, it will work fine with. Electronic forms need to not be checking that it fits the old format, but it still has the same field size as the old one.

It's going to be unique to each beneficiary. So - and is actually has always been true, husband and wives may have - will now have their own MBIs, but they always have their own HICNs. It’s just the wife was distinguished from the husband by another character.

They’re supposed to be easy to read and we’re limiting the possibility of letters being interpreted as numbers. So the alphabetic characters are upper case only and won't have SLOIB or Z in them to confuse them with numbers or other letters.

There's no embedded intelligence or special characters in them. And the generator is also set up not to contain inappropriate combination of numbers or strings that may be offensive. So that's basically the way it was done. And again, it won't be changed for an individual, unless something happens where the card is compromised.

One of the most important take home messages for the practices for anybody who is billing Medicare, is that we have a transition period. And there's already been a little bit of confusion around that. So I want to go into that fairly carefully.

So beginning April 1, 2018, the transition period began. During that period, that's when you really needed to be able to accept the new MBI because there were people getting new cards with the MBI’s new Medicare beneficiaries. And there are people getting new - getting their first Medicare cards with the new MBIs, and don't have the old HICNs starting in April. So that’s - that is one of the reasons why that that's very important.

The systems are ready to accept the number beginning on April 1, 2018. However, between April 1, 2018 and December 31, 2019, we will accept valid HICNs or valid MBIs for virtually any transactions. So that's really important to know. So during this transition period, we really want you to be moving into the MBI, but if you have a patient for whom you only have the HICNs, they maybe haven't gotten their card. It may have been lost in the mail because they did not change their address.

That HICN will still work for claims. We've seen a few instances out there where a provider has somehow gotten the message maybe from one of these companies that spams my inbox associated with my Ohio medical license that, you know, tells me that, you know, I've got to learn about the MBI or else my Medicare reimbursement is at risk, or something like that.

But the HICNs still work. Really want you to be moving to the MBIs, but if you don't have an MBI, a HCIN will work through that December 31, 2019 period. That's a pretty long transition period. So that means there's plenty of time. Don’t waste it, but there's plenty of time to update files to get people's new MBIs on record. And that's probably the easiest thing about that.

If - and I'll go into some more details. I’m starting to go off on my own. Let me give you - let me stick with the slides. So that transition period again will run from April 2018 through December 31, 2019. We - this is a slightly old slide. We are ready to accept and return the MBIs on April 1. We have been.

Stakeholders who submit or receive transactions containing the HICN, need to modify their processes and systems to be ready by April 1. That’s passed. But during that period, you can submit either the MBI or the HICN during the transition period. It’s just that for those patients for whom you do not have a HICN, maybe a new Medicare beneficiary, you will - your systems need to be able to submit the MBI.

We will accept use for processing and return to stakeholders, either the MBI or the HICN, whichever is submitted on the claim during the transition period. So that's: - you send us an MBI, we’ll return an MBI. If you send us a HICN, we’ll return a HICN. Though that's a little different for the remittance advice. I'll get into that a little bit later.

And we're already keeping track of the use of the HICNs and the MBIs during the transition period, and we're going to make sure that virtually everyone is ready to use the MBIs only exclusively by January 1, 2020.

So during the transition, when you use the HETS System, the HIPAA Eligibility Transaction System, it will return a message on the response that will say that CMS has mailed that particular beneficiary’s new Medicare card, if you check it using the using the HICN. Beginning October 2018 through the end of the transition period, when a fee-for-service claim is submitted with a valid and active HICN, both the HICN and the MBI will be returned on the remittance advice.

When the remittance advice comes back and, you know, this is a little bit in the weeds if you're not doing the billing, but there's a changed HICN field. It’s 835 Loop 2100 segment NM1. And that feels to me like reading a foreign language. I don't understand. But that's where the field is. Field NM109 is the identification code. It’s the space where you get the changed HICN.

Occasionally for the same reasons, an MBI will be changed. Identity theft for example, a HICN gets changed. So there is a field already in the remittance advice for that changed HICN. And beginning in October, if you send in a claim using a HICN, you will get the MBI in that changed HICN.

So that's an opportunity maybe to do a programming change that populates your patient information with the new MBI when that changed HICN comes back. And of course that's October 2018, which is still more than a year off from the period that your systems need to be submitting only the MBI.

So - and if you use both the HICN and the MBI for the same person on the same batch of claims, we will process those claims regardless. So the design is to be as user friendly as possible. You shouldn’t be getting claims denied when - if they’re submitted with the HICN if you previously submitted one with an MBI. But, you know, it is a transition period and the goal is to move to MBI exclusively on January 1, 2020.

With Medicaid agencies and supplemental insurers who also have Medicare, they've actually been given the MBIs for those periods. And to the extent that we have transactions such as claims with them, either the HICN or the MBI will work.

The Railroad Retirement Board is going to - is actually just about to or in the process of sending their new MBI based cards to all their beneficiaries right about now. Those will look just like the Medicare cards, except they will have the Railroad Retirement Board logo. So you'll know by looking at the card. And when you do the eligibility transaction, the message will say that they’re Railroad Retirement Medicare beneficiaries.

So that's important because it will be rejected if you send it to your usual Medicare administrative contractor. You need to send it to the one that covers railroad retirement. And that's - and you get that either by looking at the card and noting it someway in your own internal systems, or when you do the HETS transaction.

So that’s - that is something that is important to know. In the past, the format of the card, those suffix letters would tell you if it was a railroad retirement board. That is not in the card. Again, remember they don't have any particular sense to them. They’re essentially random character sets.

Private payers don't have to use the MBI. We’ll use their unique identifiers just like we do now. But for Medicare transactions where they would have used the HICN, those private payers have to use the MBI just like anybody else who does transactions with Medicare.

We are…and some of the MACs already have this in place and others will have it in place in just a couple of weeks, by the beginning of June where a beneficiary does not have their new card at the point of care, you'll be able to use the lookup tool on the MACs portal.

So a thing that you could do now is make sure that you have access to the portal for your Medicare Administrative Contractor, and there will be a look up tool. You’ll need personal information from the beneficiary, including their Social Security number, but you'll be able to look up their MBI securely. So that could be really important if somebody presents saying they’re a brand new Medicare patient and they got their card but they don't know their number. You may need their MBI and that's a tool for doing it.

And it doesn't matter - it's one tool for all of the MACs. So if - you don't - one doesn't need to use, you know, the tool for Illinois to look up a patient who is from Illinois but happens to be seeing a doctor in Texas or something like that. Any MACs tool will work for any beneficiaries, as long as you have access to that portal, which means you've been vetted.

After the transition period, and this is very much in the weeds, you won't be able to use the HICN for most internal and external purposes. There are a few exceptions, you know. Appeals may have been submitted using the HICN. They can be - they can still be used for appeals.

They can be used for some adjustments and some reports incoming mainly and outgoing to special specific groups, may still have the HICN on them. But for the vast majority, especially claims processing, quality reporting, those kinds of things, the new MBI will totally - will replace the HICN, you know.

And basically for fee-for-service claims, it's basically appeals and that little period around the transition, the span date claims, if the claim for services received between April 1, 2018 and December 31, 2019, you can use the MBI. But - and similarly, if services, let’s say hospital, home health, those kinds of services get started before the transition period ends, the HICNs can still be used for those claims, even if it ends after that period.

So the period basically - pretty much essentially ends for services received after December 31, 2019. And that's how we're dealing with that little transition period. Of course by then, most of you we would expect will have already started using the MBI for everything and that could certainly simplify it. But there may be some cases where that doesn't happen. So that's that. And we will accept the HICN for people who have them on incoming premium remittances after the transition period also.

So a couple of things you can do to get ready. You can subscribe to the weekly MLN Connects newsletter for updates and new information. It really important since we're all - we're in the ongoing process of sending out those cards right now, is making sure that patients addresses are up to date, with Social Security.

Obviously *you don't do that, but if you note that the address you have on file is different from the* address that comes in the electronic eligibility transaction responses, you might mention to patients that their address needs to be corrected. And they can do that with their, you know, SSA account and - because it's basically something that’s done with Social Security Administration. So you could be helpful to us and your patients by doing that.

Also, and this is a fraud prevention initiative, but we're out there talking about a new thing. It's a perfect opportunity for people with nefarious intent to call people up and say, you know, you need to send me $25 so you can get your new safer Medicare card.

You know, it's important that people know and understand that we, Medicare, will never contact them and request personal information. They should protect their new card like a credit card, and they should only share it with trusted providers like you.

So at this point, I hope that all of your billing and office staff, some of you may be on the phone, are ready to accept that 11 digit alphanumeric MBI. And that if you use vendors to bill Medicare, they have implemented practice management systems that accept the MBI.

And, you know, there's a lot of information at HTTPS... You can see the link, CMS.gov/newcard. Again, make sure you can access the new provider portal. That’s your way of getting patients MBIs if they don't have that. And that’s starting in June and we're on track to have that in place on the first of June. I’m pretty sure that's everywhere. Some are already - I forget which ones, but one or two when I went looking around, said they already have that portal there.

A few more things, you know. Again, you can submit a claim or other transaction using either the HICN or the MBI. So either one should get you the information or get you paid. One thing you won't get is an MBI when you use the HICN in the eligibility transaction system.

That is one of the things that's kind of viewed as a loss in some quarters because, you know, you - someone comes in, they don't know their Medicare number where you just start, you know, ask them for their Social Security number, and you make a guess at what their HICN is and the eligibility system and, you know, well you soon have their eligibility response.

It would be convenient to be able to do that and then get the new MBI. But we also don't want, if for some reason somebody who shouldn’t have access perhaps to be able to access the MBI and ultimately commit healthcare fraud. So that is something that we're not - that you won't currently get.

We are keeping track of the uses of the card. They’re already showing up in our systems. And, you know, for pharmacies, the part D transactions will return both the MBI will return the MBI and the HICN or the MBI will work till the end of the transition period. The pharmacy is there. I don't know all that much about the pharmacies, but the - you know, there may be some approaches that they can use with that. That's basically an NCPDP territory.

Here's what the cards look like again. And you see the Railroad Retirement Board is just distinct by not having the HHS eagle and instead has the Railroad Retirement Board eagle. We've done a lot of outreach to beneficiaries, families, health plans, provider community, including you. That’s part of my job. And we're continuing that.

And as we identify problems and issues, we're doing that. For example, there are sources of MBI out there that have come mainly from the managed care arena. So it is possible that some MBIs that aren’t associated - some MBIs that belong to patients who have not yet been sent their card are out there. And we've had some processing issues with that.

So you may have gotten a letter from your MAC suggesting that you only use the MBI for patients who have either been new to Medicare, have received a replacement on MBI because of replacement card, or have been mailed a new card. That’s kind of a best practice, but we're working to make sure that - to ultimately make that not even be an issue. But that's the kind of work we are doing right now.

We're also working - we're going to have a secure way for beneficiaries using their myMedicare.gov to be able to access their new Medicare numbers. So if they don't want you to have their Social Security number when you go and use the MAC tool, they could access their own MyMedicare account and get their new MBI on their own.

There’s some resources. If you go to the new card site, you can see posters, a flyer you can distribute, tear offs for patients, conference cards. All of those are PDF files that you could print out, post, display on a screen. And many of them can also be ordered in paper form from CMS. It's important to remember that getting everybody a new card will take some time. Though someone’s card might arrive a different time than their friends and neighbors.

And you can reassure patients that the card process is going to be ongoing through April. And, you know, which is still well before the end of the transition period, and that their old number still works. You can encourage people to make sure their mailing address is up to date. And they can contact Social Security if it needs to be corrected.

And once again, being wary of anyone who contacts them about their new Medicare card. We, CMS will never ask them to give us personal or private information or to get their new Medicare number card. Once again, I'm going to repeat. You know, you needed to be ready by April 1. There’s a 21 month transition period through December 31, 2019.

And there will be three ways to get the new MBI. Patients will present it. You get it through the remittance advice, or it comes through a secure web portal via the MAC. There are resources you can use when you talk to people about that.

And just a few final thoughts. I want to thank you for your attention, and thank you for your interest in the card. And thank you in advance for any feedback or concerns you have. We have two places where comments or questions can come from. The new Medicare card, SSNremoval@CMS.HHS.gov is a good place for the technical questions. But I also field some of them.

If you're having problems and concerns about how that works for you as a provider, if there are issues out there, I want to hear about them and work with our folks to resolve any of them. And that’s the provider ombudsman email at NMCproviderquestions@CMS.HHS.gov. It’s a bit of a mouthful, but that's why we include it on the slides so that you can link to it.

And that's basically all I have. At this point, I’ll open the floor for questions and comments.

Bill Finerfrock: Okay. A couple of things, Operator. First, if folks did not receive the slides, if you're looking at your screen, on the upper left hand part of your screen, you should see a box that says FileShare. Below that you'll see a name and size and it'll say new Medicare card EF. If you click on that, that should allow you to access the slides and you can download those from there. If that doesn't work, send me an email at BF@NARHC.org and we will send you the slides.

Also now on the right hand side of your screen, on the lower right hand side, is a place where you can write in a question. If you'd like to ask Gene a question, we will do that. I'm sorry. It’s on the left. In the middle, there just say Q&A. Everyone, type in your question there. Operator, we’ll also take questions from the phone. If you would give the instructions, if someone wants to ask a question by phone.

Operator: Absolutely. If you would like to ask a question, please signal by pressing star one on your telephone keypad. If you're using a speakerphone, please make sure your mute function is turned off to allow your signal to reach our equipment. A voice prompt on the phone line will indicate when your line is open. And please state your name before posing your question. Again, press star one to ask a question. We’ll pause for just a moment to allow everyone an opportunity to signal for questions.

Dr. Eugene Freund: And while we're doing that, I have a couple of questions in line. How can I get a copy of the slides? I think Mr. Finerfrock just talked about that, with the download files. The other thing is, if you go to our open door form materials on that new card web link, we have all the presentations that we have given on this up there. And they're pretty much all essentially the same as what we have. And there's a lot of useful information on those web links.

When I answer a question, I usually hunt through the web pages to find the clear language that's in them. So now I've got other questions, and they're coming in fast and furious. Will the cards no longer be paper? The answer to that is actually no. They will still be paper.

And, you know, we've had some questions if it’s okay to laminate them. And the answer to that is, there's no prohibition from doing that to your own card. But you have to be cautious that you don't want whatever you laminate them with to mess up the process of a provider copying or scanning them as many want to do. That could be the only problem with lamination. So I haven't really heard of that being a particular problem.

Bill Finerfrock: Why don't we just pause for a second? Operator, do we have any questions by phone?

Operator: There are no phone questions at this time. However, as a reminder, it is star one to ask a question.

Bill Finerfrock: Okay. We’ll go to the next question from Kelly Zitek. They want to validate, will C-SNAP still be a provider lookup tool for the MBI? Gene?

Dr. Eugene Freund: C-SNAP. C-SNAP is the WPS. They are the MAC for Nebraska and yes. So they would be the place. If you are subscribed, if you're in Nebraska, I think they're the provider. I have to go through a few web links because I can never remember which MAC is for which jurisdiction, but your MAC that you submit your claims to and go to for questions about local coverage decision and all that stuff, is the place where you will find the lookup tool. And you can get - make sure that you're able to log in to their portal, and then you can use that to look up the MBI for any patient.

And then how do you register to log into the portal? So the best way is to first figure out who your MAC is and send me an email if you're having trouble doing that. But if you just look for CMS Medicare administrative contractors, there's a page that tells you who are the MACS and you can find out who your MAC is. Go to their website and sign up for access to that.

And if you are a provider that is registered for Medicare with that MAC, you should be able to get the appropriate keys to be able to log in to that portal.

Bill Finerfrock: Okay. Next question online. As you indicated at beginning, in 2018 when a valid and active HICN is submitted on a Medicare fee for service claim, both the HICN and the MBI will be turned on the remittance. Will that be the same on RHC claims?

When I saw that, I figured this question was probably going to come up. So Rural Health Clinic claims, although they're on a 1450 instead of a 1500, are still considered fee for service claims. So you would get that information on your remittance advice in the same way as if you had submitted it on a 1500.

Dr. Eugene Freund: Bill, this is something that I don't know and maybe you do. Is the emittance advice basically the same for RHCs?

Bill Finerfrock: I believe so. I mean what you would get on a - for an RHC remittance advice versus a 1500 remittance advice.

Dr. Eugene Freund: Yes. I would think that - I don't think we have different remittance advices, so …

Bill Finerfrock: Yes. I don't - I can't say that - it's been years since I've looked at one. So it's possible ((inaudible)). But as far as I know, they should be the same.

Dr. Eugene Freund: I wouldn't expect us to do it any differently because there isn’t …

Bill Finerfrock: Yes, but you will get that. So even though you used the term fee for service, the RHC will get that information as well.

Dr. Eugene Freund: Right. Yes.

Yes. And then the next question is similar to the one earlier. When you say portal, does that mean the Noridian Medicare portal? In your case, the question, Noridian is your MAC. So as Gene said, you go to Noridian and it would be the portal that's available through your MAC, which is as I said, is Noridian.

Dr. Eugene Freund: Yes. That’s exactly correct.

Bill Finerfrock: Any questions on the phone, Operator?

Operator: There are no questions on the phone lines.

Bill Finerfrock: If there are any questions yet online, we would ask that you fill out this quick survey, give us some feedback of how helpful the webinar was and fill that in. I do have some things I wanted to do a quick update if we have.

So while you're doing the survey results or responding to the survey, I did want to update you on the Certified RHC Professional Course. As many of you know, this is an initiative the National Association of Rural Health clinics began this year. We are offering educational programming, which can lead to certification as an RHC professional.

The next course offering for that will open up in a couple of months and will open up as of July 30. You can sign up for the next session for the RHC professional course. For those of you who may not be familiar, it's a six to eight week online training. Will prepare the learner to successfully run an RHC. Some of the issues - areas that we cover are administration and finance, billing and coding, human resources, regulatory compliance and quality.

This is then followed by an in-person exam which will be administered at the Fall Conference this year in Reno on October 25 - or Tahoe On October 25 at the RHC Fall Institute in Lake Tahoe. In order to maintain your certification, you will be asked to attend and submit a certain number of hours for medical education. It would be 16 CEUs every two years and you would pay a $75 renewal fee.

We will participating in these technical assistance calls qualify as - each one that you participate in is an hour of CEU time. If you have questions about this or would like more information, you can go on your screen. It says Academy@NAHRC.org for additional questions.

If we scroll down, the course is designed by a group of people, about 18 people. It was really a broad swath of folks who are experts in various areas of rural clinic education and information, board members, attorneys, et cetera.

This is aimed at RHC clinic directors, administrators and others who are involved in the business operation rural health clinic part of the program. This is not a clinical course. The cost is, as you can see, $450 if you're a member of NAHRC, $600 if you're a non-member.

And again, enrollment begins July 30. And access to the program, once you've signed up, will begin on August 6. And then you go at your own pace, as long as you complete it by October 20. And we have a way to be able to monitor and verify that.

We had our first course. I will tell you that we had originally planned to have 50 people in the first course. There was - the demand was in - within the first few hours of opening that up, it filled. So we had to add additional 50 seats. That filled very quickly.

So if this is something that you're thinking of doing, I would encourage you to get online as soon as the course opens up. We do limit - we will limit it to 100 individuals for this course as well in order to be able to maintain quality and the information.

So if this is something you’d want to do, I would encourage you to look at. You will be expected to attend and take a class at the Fall Conference in Lake Tahoe. And again, if you have questions, go to Academy@NAHRC.org. That’s it. Let’s see. We have a question …

Dr. Eugene Freund: Two more questions.

Bill Finerfrock: Yes, came up. Do you want to take those, Gene?

Dr. Eugene Freund: Yes. I mean I saw one question that then disappeared that had to do with, is it possible - if a patient or if a person becomes eligible for Medicare during say May of 2018, is it true that they will get their Social Security based HICN and then later get the MBI? The answer to that is it really all depends on when their initial Medicare card was mailed out.

So if they, like were supposed to, in the three months prior to their eligibility, went and signed up for Medicare, then yes, before April 1 or before May 1, they will then be given a new Medicare, or given their first Medicare card with the legacy HICN on it. And then will be in the appropriate wave for getting their new MBI based card. However, if their first Medicare card was mailed after that April 1 date, it will only have an MBI on it. So the answer to that question kind of depends.

Then the other question that we have here is, will we have the ability to look up the MBI using the patient's Social Security number if they do not give their card? Yes, that's the MACs portal, that lookup tool. The information that they require are the Social Security number, name, date of birth, I think maybe address also. But you will need to have several pieces of verifiable personal information about the patient to be able to look up their MBI using the tool on your Medicare administrative contractor's web portal.

Bill Finerfrock: It appears some other people are maybe writing some questions in. So why don't we give them a second or two here?

Dr. Eugene Freund: Sure.

Bill Finerfrock: I’m seeing this popping on the screen. Operator, do we have anybody on the phone line?

Operator: There are no phone questions. However, as a reminder, please signal by pressing star one on your telephone keypad if you would like to ask a question.

Bill Finerfrock: So apparently whoever was typing decided to change their mind. It’s not showing up on my screen.

Dr. Eugene Freund: So one thing I will say is that there's a continually updated timeline of our mailing phases. So if you go to that CMS.gov/newcard website, right at the top, there is a button that says learn how we’ll mail the new Medicare card in phases by geographic location. That will take you to a PDF that will tell you that newly eligible people beginning in April 2018 and ongoing, are getting their new cards.

Delaware, DC, Maryland, Pennsylvania, Virginia and West Virginia started in May 2018, as did Alaska, American Samoa, California, Guam, Hawaii, Northern Mariana Islands, and Oregon. So if you're in any of those areas, there's a greater chance that patients are going to - more patients will be showing up with their new cards.

The next wave includes Arkansas, Illinois. And that PDF basically says, after June 2018, we're going to be mailing them out as quickly as we can. But the actual specifics of the waves are still pending, and that will get updated as the information changes. So that's one to maybe link to.

Bill Finerfrock: Okay, great. Wakina, we're getting a request for how do people download the information that’s on the screen, the RHC resources. Obviously we have in the FileShare the Medicare information that Gene in his slides. But that particular page that you have up there now, is there a way that folks can download that?

Wakina Scott: We could probably put it on RHIA hub website as well.

Bill Finerfrock: Okay. So if you go to the RHI hub, probably another day or so, we’ll have that page loaded up there.

Wakina Scott: Yes. And I'll make it a downloadable file in the future.

Bill Finerfrock: Any other questions? If not, we can give you all a few minutes back of your time. Wait. There’s a question from (Casily). Are the software that have been used for the HICN going to accept MBI without any problems? I'm going to assume that this is - well, how do you read that question, Gene?

Dr. Eugene Freund: As I read that, so the Medicare systems that have been receiving HICN are already accepting the MBI without problems. There are there - and the best I can tell, I'm not hearing tons of complaints, the vendor systems that, you know, like people's billing software that is independent of CMS, those are private sector products, seem to be set up too, accept the MBI.

So they have been programmed at this point to do that. And that's something that really did need to happen by April 1. And the IT people at CMS have worked pretty extensively with the vendor community. So the - my personal opinion on that is that you shouldn't be having problems with your third party software vendors. And if you do, you need to talk with your vendor and it might be a pointed conversation because this has been going on since the MACRA Act was passed in 2015.

Bill Finerfrock: Yes, I was going to - I think there are problems. I would - your practice management software vendor, whoever you may use, should have been working on this and made the necessary adjustments. If there are problems, I would make sure to reach out to your software vendor and get them to take care of that.

On the upper left hand side where it says FileShare, you will now see an RHC TA webinar closing slide. That is the resources information. So you can click on that and you'll be able to download that and have it available for future use. I see someone is typing. So we’ll see if that message comes through. A couple of people. If you have a wife who is drawing off her husband, the HIC4N has a B at the end. If he passes away, that could switch to a D. They will now have the same MBI no matter what?

Dr. Eugene Freund: Actually no. That’s - they actually - and it's always the case with Medicare that each individual has their own MBI under - or their own HICN. It's true that the wife might have the B and the D. The MBI is unique to each individual. So it does not have that spouse or other status. So it will not change if somebody’s marital status changes or otherwise. It will stay the same and that's pretty much the way it is. So that won't change.

It’s really - that's an important and a good question because it’s one of the things that is changing, because we're not basing the system on Social Security numbers and, you know, spouse status. That still goes into how eligibility is calculated, et cetera. But that bit of information about a beneficiary is not part of the new MBI.

Bill Finerfrock: Okay. There's a question, the RHC - certified RHC professional courses that are offered anywhere closer to Georgia? The course work itself is all online. It is only the exam that you have to go and take in person. Right now we only have the capability to offer it at the annual conference. At some point, we may be able to look into ways to offer this more regionally.

But at this time, to take the class, take the actual exam, we only are administering it at the annual conference, so - our two conferences. So we gave it in San Antonio this past spring as the San Antonio Conference. And then we'll be offering it again at the Fall Conference in Reno. But for taking the exam, that's the only option.

Male 1: Lake Tahoe.

Bill Finerfrock: What did I say, Reno again?

Male 1: Yes.

Bill Finerfrock: Sorry. We've been at Reno. Lake Tahoe. It’s very nice there. If you're looking to get away and get some great education and be in a beautiful setting, Lake Tahoe is absolutely wonderful. I don't see anything else coming through in way of questions. So Operator, unless we have something online or on the phone.

Operator: There are no phone questions.

Bill Finerfrock: Well, I think we can go ahead and end this up. I want to first thank Gene Freund from CMS for taking the time to walk us through this. I really think this is an important program and initiative. As I mentioned at the outset, I think a lot of beneficiaries are happy about the idea that they're no longer using their Social Security number, the privacy security that this gives them protection of that number I think is significant.

I think compliments to CMS for trying to provide as long as a transition period as possible, to make this go as smoothly as possible and making people like Gene available to talk to the provider community, do whatever education is necessary. So we appreciate that and you're doing this for the Rural Health Clinics community. I'd like to thank everybody for participating today, not only Dr. Eugene Freund, but also our friends from ORHP and their support of the RHCTA series.

For our listeners and participants, please encourage others who may be interested to register for the RHC technical assistance series. You'll see that on your web page or on the screen now to sign up. You’ll have two ways, either admin or go to the website and directly sign up. It’s all there for you. If you have questions, thoughts or comments, please don't hesitate to email me at BF@NARHC. But please be sure to put RHC TA topic or question in the email subject line.

We are planning our next RHC TA call for next month in June, and a notice will be sent out on that on the date and time and topic, as soon as we have it finalized. Again, thanks everyone for participating and we look forward to chatting with you at our next RHC TA call. That concludes today's call.

Operator: And this concludes today's presentation. Thank you for your participation. You may now disconnect.