



**Centers for Medicare &
Medicaid Services**

New Medicare Card Project

Justification Document:

**Non Substantial Changes to CMS Forms to
Accommodate the New Medicare Number
Terminology and Form**

1. Background

Since the inception of the Medicare program in 1965, CMS and its program stakeholders [e.g., health care providers, Social Security Administration (SSA), Railroad Retirement Board (RRB), State Medicaid programs, payers, and researchers] have used a Social Security Number (SSN)- based identifier when filing and processing all Medicare claims and when exchanging data related to the Medicare program. This identifier, referred to as the Health Insurance Claim Number (HICN), is displayed on beneficiaries' Medicare cards and consists of an individual's SSN along with a supplemental code.

On April 16, 2015, President Obama signed the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. Section 501 of this legislation prohibits inclusion of SSNs on Medicare cards and specifically states that *“The Secretary of Health and Human Services, in consultation with the Commissioner of Social Security, shall establish cost-effective procedures to ensure that a Social Security account number (or derivative thereof) is not displayed, coded, or embedded on the Medicare card issued to an individual who is entitled to benefits under part A of title XVIII or enrolled under part B of title XVIII and that any other identifier displayed on such card is not identifiable as a Social Security account number (or derivative thereof).”*

MACRA requires CMS to remove SSNs from all Medicare cards by April 2019. A new randomly generated Medicare Beneficiary Identifier (MBI) will replace the SSN-based HICN on the new Medicare cards for Medicare transactions like billing, eligibility status, and claim status.

Moving to new Medicare numbers and cards requires a lot of changes to CMS systems and how business is conducted. Many of the standard operating procedures outlined in CMS Internet Only Manuals, SSA Policy and Operations Manual System, and CMS forms are impacted. CMS is actively identifying and reviewing all manuals and forms to ensure timely updates and the adoption of the new Medicare beneficiary identifier in these documents. The updating of these manuals and forms will ensure the accuracy of the policy contained in the manuals and forms, which will have a major impact on the health care sector and components thereof (e.g., hospitals, physicians, pharmacies, beneficiaries, and insurance firms and Medicare contractors).

2. Office of General Counsel Guidance (OGC)

HHS General Law reviewed the Privacy Act, OMB Circular A-108, and the HHS Privacy Act regulations and believe that using the MBI numbers in the affected systems of records is not a significant change because the use of the MBI numbers does not seem to affect the underlying records in the systems of records. The agency's implementation of the MBI numbers also do not seem to change the way people can access the records in the systems because, if a person wants to access his or her records, that person could still use the HICN or SSN.

Because the switchover from HICN to MBI is not a substantive change, CMS is not making any immediate changes to its SORNs to replace the term HICN with a more generic term, such as

“beneficiary identifier.” However, as part of the agency’s ongoing review and updates of SORNs, if the agency determines that a SORNs has undergone a significant change requiring the SORN to be re-publication, the agency will also modify, at that time, the specific term “HICN” and replace it with the generic term “Medicare number.”

3. Approach

CMS is conducting a form by form search for the term SSN-based references. CMS identified a variety of terms used in manuals, forms and instructions, that could refer to the existing Health Insurance Claim Number (HICN) and/or its structure. These terms include the following:

1. Beneficiary Identifier (case match not required)
2. Beneficiary ID (case match not required)
3. HIC Number/ HIC number
4. Health Insurance Claim Number (case match not required)
5. HICN
6. Health Insurance Identifier (case match not required)
7. Medicare Identifier (case match not required)
8. Medicare ID
9. Medicare Identification Number (case match not required)
10. Medicare claim number (case match not required)
11. Medicare number (case match not required)
12. Social Security Number
13. SSN
14. Claim number – including SS claim number and SSA claim number
15. SSN + BIC
16. BIC
17. Medicare account number (case match not required)
18. Claimant account number (CAN)

The CMS goal is to remove references to the SSN-based HICN and its structure (ie, 000-00-0000-A) and replace these terms with the generic term, Medicare Number.

The following forms are included in this review:

Justification:

This list of forms below represents non-substantive changes to this form that currently use the label/term HICN, HIC Number or similar, as well as explaining the Medicare number as being based on a social security number. These language changes have no impact to the previously stated burden associated with these forms. These changes encourage the use of the new Medicare beneficiary identifier, expediting the discontinued use the current SSN-based Health Insurance Claim Number.

No.	PRA Number	Form Number and Name
1.	0938-0600	CMS 838; Medicare Credit Balance Report
<p>There is another OFM form (From 339- Provider Cost Report Reimbursement Questionnaire) that has a similar table with limited space in the field header, thus MBI was used. Most other provider facing forms refer to the new number as a Patient's Medicare Number. In this situation, it would be useful to use the Medicare Number term but relate it to the header and include the spelled out version of 'MBI'</p>		