New Medicare Cards

Beginning April 2018

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, requires the removal of Social Security numbers (SSNs) from all Medicare cards by April 2019. A new Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) on the new Medicare cards. The MBI is personally identifiable information (PII). Providers must protect the MBI and only share for Medicare-related business, just as with the HICN.

The main reason for taking the SSN off of Medicare cards is to fight medical identity theft for people with Medicare. This will better protect private health care and financial information as well as federal health care benefit and service payments.

Each MBI is unique and randomly generated with "nonintelligent" characters. This means the characters do not have any hidden or special meaning. The MBI will not change Medicare benefits. People with Medicare can start using their new Medicare cards and MBIs as soon as they get them. The Centers for Medicare & Medicaid Services (CMS) will be mailing the new cards between April 2018 and April 2019. The effective date of the new cards, like the old cards, is the date each beneficiary was or is eligible for Medicare.

Once beneficiaries get their new Medicare cards with an MBI, they can use their new cards to enroll in a Medicare health (Medicare Advantage) or drug plan. Those Medicare beneficiaries who do choose to enroll in Medicare health and/or drug plans will still also get an insurance card from their health and/or drug plans. As always, while beneficiaries are enrolled in health and/or drug plans, they should use the cards from those plans when they get health care and/or prescriptions.

Providers will have a transition period when they can use either the HICN or the MBI to exchange data with CMS and the Kansas Medical Assistance Program (KMAP). The transition period will begin April 1, 2018, and continue through December 31, 2019. After the transition period ends on January 1, 2020, providers will need to use the MBIs on claims.

Note: The implementation of State policy by the KanCare managed care organizations (MCOs) may vary. The KanCare Open Claims Resolution Log on the Kansas Medical Assistance Program (KMAP) Bulletins page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.