Summary of change: The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS to remove Social Security numbers (SSNs) from all Medicare ID cards by April 2019. This Social Security Number Removal Initiative (SSNRI) is a critical project and requires thoughtful implementation by CMS and impacted stakeholders. The following information provides you with an overview of the SSNRI, including the goal impact, timeline, implementation and helpful resources.

Background on the SSNRI
CMS currently uses an SSN-based health insurance claim number (HICN) for the Medicare beneficiary identification number on Medicare ID cards. HICNs are used for Medicare transactions, such as billing, eligibility status and claims status. Additionally, the SSN-based HICN is used between CMS and their business partners to identify Medicare beneficiaries. This includes the Social Security Administration, state Medicaid agencies, health care providers and health plans. As mandated by MACRA, CMS must replace all SSN-based HICNs on Medicare ID cards with a nonintelligent Medicare beneficiary identification (MBI) number by April 2019.

Goal of the SSNRI
The primary goal of the SSNRI is to reduce Medicare beneficiary vulnerability to medical identity theft. By replacing the SSN-based HICN on all Medicare ID cards, CMS can better protect private health care and financial information, as well as federal health care benefit and service payments.

Impact of the SSNRI
Along with its business partners, CMS will need to address complex systems changes for more than 75 systems, conduct extensive outreach and education activities, and analyze the many necessary changes to systems and business processes.

Impacted stakeholders for the SSNRI include:
- Federal partners (e.g., the Social Security Administration).
- States.
- Beneficiaries.
- Providers.
- Health plans.
- Billing agencies.
- Advocacy groups.
- Data warehouses.

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CMS is working closely with business partners and stakeholders to implement the SSNRI. They are focused on minimizing burden on beneficiaries and providers, reducing burden on Medicare operations, managing costs, and providing an effective solution that allows for a proper transition period.

**Implementation of the SSNRI**

The CMS solution for the SSNRI must provide the following capabilities:

- Generate MBIs for all beneficiaries, including currently active, deceased or archived, and new beneficiaries
- Issue new, redesigned Medicare ID cards containing MBI to existing and new beneficiaries
- Modify systems and business processes to accommodate receipt, transmission, display and processing of the MBI

CMS will use an MBI generator to assign 150 million MBIs for active and deceased/archived beneficiaries, as well as generate a unique MBI for each new Medicare beneficiary.

**Getting started and the SSNRI transition period**

CMS has already started transition work and will complete the system and process updates to be ready to accept and return the MBI on April 1, 2018. Beginning April 1, 2018, CMS will start sending out new Medicare ID cards with the MBI to Medicare beneficiaries.

A transition period will be implemented where either the HICN or MBI can be used by stakeholders to exchange data with CMS. The transition period will begin no earlier than April 1, 2018, and run through December 31, 2019. After the transition period ends, only MBIs will be accepted and transmitted.

All stakeholders who submit or receive transactions containing the HICN must modify their processes and systems to be ready to submit and receive the MBI by April 1, 2018. Stakeholders can submit either the MBI or HICN during the transition period but must be prepared to fully comply with the SSNRI on December 31, 2019.

**What will the MBI look like?**

The MBI will have the following characteristics:

- The same number of characters as the current HICN (11) but will be visibly distinguishable from the HICN
- Contain uppercase alphabetic and numeric characters throughout the 11-digit identifier
- Occupy the same field as the HICN on transactions
- Be unique to each beneficiary (e.g., husband and wife have unique MBIs)
- Be easy to read and limit the possibility of letters being interpreted as numbers (e.g., alphabetic characters uppercase only and exclude S, L, O, I, B, Z)
- Not contain any embedded intelligence (e.g., contain hidden or special meaning) or special characters
- Not contain inappropriate combinations of numbers or strings that may be offensive
Next steps

CMS will provide outreach and education related to the SSNRI to beneficiaries, agents, advocacy groups and caregivers, as well as to health plans, health care providers, states, and other key stakeholders and vendors.

As required under the SSNRI, Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is working internally to evaluate, identify and execute system and process updates to ensure we can receive and transmit MBIs by April 1, 2018. We are participating in training and education sessions offered by CMS and will continue to communicate SSNRI updates and provide training, as needed, to our first-tier, downstream and related entities, providers and stakeholders.

Resources