

September 14, 2017

Honorable Thomas E. Price, M.D.
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: CMS Transition from Social Security Numbers to a Medicare Beneficiary Identifier

Dear Secretary Price:

This letter conveys **time-sensitive** recommendations from the National Committee on Vital and Health Statistics (NCVHS and “the Committee”) regarding the Centers for Medicare & Medicaid Services (CMS) transition currently underway to replace the use of Social Security Numbers with a new Medicare Beneficiary Identifier for all Medicare recipient cards beginning April 2018.

NCVHS is your advisory committee on health data, statistics, privacy, and national health information policy and the Health Insurance Portability and Accountability Act (HIPAA).

SSNRI/New Medicare Card Initiative

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, requires that CMS remove Social Security Numbers (SSNs) from all Medicare cards by December 2019. A new Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) on the new Medicare cards for Medicare transactions such as billing, eligibility status, and claim status. The primary goal of the effort is to decrease Medicare beneficiary vulnerability to identity theft by removing the SSN-based HICN from the Medicare card.

CMS Briefing of NCVHS

At the February 2017 NCVHS meeting, CMS leadership briefed the Committee regarding its plans to implement the change described above. CMS communicated the complexity of the change – involving complex systems changes for over 75 systems within CMS, generating new MBIs for all beneficiaries, issuing new, redesigned Medicare cards, and modifying business processes. CMS outlined its plans and process, working with partners and stakeholders to implement this transition. This includes plans for outreach and education to beneficiaries and their agents as well as to payers, providers, intermediaries, researchers, states and territories,

and software vendors. The transition period will begin in April 2018, when CMS will start mailing out new cards, and run through December 2019. All systems and providers must accept the SSN-based HICN and the MBI during the transition period. Starting January 2020 only the MBI will be accepted.

NCVHS members expressed concern regarding the potential for unforeseen and unintended consequences due to a change of this magnitude. Concerns ranged from whether the MBI random number includes a check-digit or other mechanism to improve accuracy, plans for continuity with SSN-based data for longitudinal views, availability of crosswalks to support research, and the importance of end-to-end testing with partners and providers. In addition, the Committee discussed whether planned coordination with states and territories, outreach and education of beneficiaries, providers, and payers are sufficiently robust.

NCVHS noted CMS' performance with guiding industry through the transition from ICD-9 to ICD-10 was a success in large part because CMS conducted a comprehensive outreach and education effort, and performed intensive end-to-end testing with external entities. The Committee asked CMS for more information regarding its plans for testing and the need to provide a carefully-managed crosswalk to avoid downstream problems for researchers.

CMS provided written responses to the concerns expressed by the Committee and a follow-up discussion took place at the June 2017 NCVHS meeting with CMS leadership.

NCVHS Committee Assessment

NCVHS applauds the work underway by CMS leadership and staff to implement this complex multi-faceted transition. The recently updated New Medicare Card website provides timely and essential information about CMS' process including timing, testing, transition period, and MBI format specifications demonstrating CMS' proactive approach.

Reviewing the CMS and industry input and considering the CMS responses to NCVHS' inquiries, the Committee reached consensus that CMS is undertaking extensive activities to ensure the transition goes smoothly internally, i.e., for CMS and its contractors' systems.

Externally, however, for beneficiaries, providers and their system vendors, payers, health plans and entities in the coordination of benefits chain, there does not appear to be the same robustness of preparations. NCVHS is concerned of the possible impacts, including workflow implications, consequences and ripple effects that could occur without improved outreach and testing.

NCVHS is convinced that not all stakeholders in the healthcare ecosystem are sufficiently aware of the upcoming transition. The Committee believes broader messaging is needed to reach both

traditional and non-traditional industry partners to help ensure the change does not cause disruptions to patients, providers, researchers and all those impacted “downstream.” The Committee is also concerned with the absence of a more comprehensive end-to-end testing capability, i.e., testing both internally and with external trading partners and their vendors to ensure data flows smoothly through the health care system and that there are no unanticipated problems either for CMS or its Medicare providers and partners.

Recommendation 1

NCVHS recommends that CMS immediately implement a more comprehensive, amplified outreach and education effort regarding the SSNRI/New Medicare Card transition. Specifically, CMS should reach out extensively and repeatedly to all parties impacted including beneficiaries, payers, providers, intermediaries, researchers, states and territories, impacted software vendors, and all relevant associations. Stakeholders must be made aware of this change and its implications for internal and external workflow, operations and systems.

Recommendation 2

NCVHS recommends that CMS provide on-line testing capabilities for all parties that transmit data directly to or receive data directly from CMS. This will provide an opportunity for operational workflow implications to be identified and addressed, for example, for use of the crosswalk look-up and support to beneficiaries. Similar to what made the ICD-10 transition successful, this testing will help answer many questions and alleviate issues before they become live implementation problems and impact individuals directly.

To reiterate, the Committee recognizes CMS’ work to ensure a smooth transition, but more needs to be done.

Thank you for considering the recommendations put forth in this letter. NCVHS remains available to answer questions and will continue to support HHS efforts to advance efficiencies in the health care system, and to working with the Department to shape future guidance.

Sincerely,

/s/

William W. Stead, M.D., Chairman
National Committee on Vital and Health Statistics

cc: HHS Data Council Co-Chairs