



**State of Florida  
Department of Children and Families**

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**TO:** Economic Self-Sufficiency Operations Managers  
Economic Self-Sufficiency Program Offices

**FROM:** Suzanne Poirier, Chief, Technology & Project Management  
**(Signature on File)**

**SUBJECT:** New Medicare Identification Number and Implementation of the Medicare Enrollment Database (EDB) File

**EFFECTIVE:** February 19, 2018

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This memorandum provides staff with information about the new Medicare identification number project, including processing of the EDB file.

The Centers for Medicare and Medicaid Services (CMS) currently uses Social Security Numbers (SSNs) when creating a Medicare Health Insurance Claim Number (HICN) to identify people with Medicare and administer the program. The HICN is referred to as the Medicare number. The Medicare Access and CHIP Reauthorization Act of 2015 requires the removal of SSNs from all active Medicare cards by April 2019. This change is being made to fight medical identity theft and protect health care and financial information.

Medicare beneficiaries will be assigned a new Medicare number, using the Medicare Beneficiary Identifier (MBI) format, rather than the HICN format. Starting April 1, 2018, new Medicare cards will be mailed to all current and new Medicare recipients in a phased in process. There will be a transition period from April 1, 2018 to December 31, 2019; during this period either the existing HICN or the new MBI may be used.

CMS will start the conversion of existing HICNs to the MBI prior to April 2018, and will be providing files with the MBIs to the Agency for Health Care Administration (AHCA). AHCA will then share this information with the Department and the MBI will be added to a new field on the AIMM screen as part of the conversion process.

Even if the Department has obtained the new Medicare number in the MBI format from AHCA in the conversion files, we cannot display or share the MBI with external partners or the Medicare recipient until it is reported to the Department by the Medicare recipient or their designated representative. The MBI is confidential and should be treated consistent with other protected health information.

The new Medicare number will not show up on in the State Online Query (SOLQ) system. SOLQ information is from the Social Security Administration and they will continue to use the HCIN, not the MBI, for the claim number.

**The MBI Format**

The MBI will be a unique alpha/numeric number with no association with SSNs. Fictitious examples are shown below:

<b>MEDICARE NUMBER</b>	<b>EXAMPLE</b>
<b>HICN FORMAT</b>	123456789A
<b>MBI FORMAT</b>	1EG4TE5MK73

### **Self-Service Portal (SSP) and ACCESS Management System (AMS) changes**

- Medicare number validations will be added for the HICN and MBI formats.
- Applications and the ACCESS Summary will display the customer-reported Medicare number (HICN or MBI).
- Comments will be added to the AMS Work Item Details page when TIP updates Medicare information on AIMM with data from the SSP.

### **TIP Changes**

- TIP will enter the customer reported Medicare number from the SSP and populate the Medicare number (HICN or MBI) in the Medicare Number “Medicare#” field on the AIMM screen.

### **FLORIDA Changes**

- A new MBI field, “MBI#”, has been added to AIMM to display the converted MBI.
- The system will validate for the HICN and MBI formats when staff enter the Medicare number on AIMM.
- After conversion, AIMM will display the HICN in the “Medicare#” field and display the MBI in the “MBI#” field.
- When the customer reports their new Medicare number in the MBI format (e.g. at application, additional assistance, review) the worker must over-type the HICN displayed in the “Medicare#” field with the MBI if TIP fails to update AIMM. The “MBI#” field will no longer display on AIMM once the MBI is entered in the “Medicare#” field.
- Staff must reference only what is displayed in the “Medicare#” field on AIMM with the customer and other external entities.
- IQMH, AMIC and AMCP (Temporary Medicaid Card) will display/print the Medicare number referenced in the “Medicare#” field on AIMM.

### **Implementation of the EDB file**

In addition to migration to the new Medicare ID, DCF will begin processing the EDB file using a new EDB TIP process. This file contains information on all individuals entitled to Medicare. FLORIDA will evaluate and authorize one of the Medicare Buy-in programs (i.e. QMB, SLMB, Q11), if eligible, for individuals included in the file who are open or enrolled in an SSI-Related Medicaid assistance group. The system will ex parte the MM S coverage to NS unless the individual remains eligible for MM S due to receiving assistive care services. Information about MM S coverage that will not be ex parted due to receipt of Medicare can be found in <http://eww.dcf.state.fl.us/~ess/policysearch/p05120038.pdf>.

The EDB file will be run daily and monthly. The initial file is scheduled to run prior to April 2018.

CLRC comments will be notated when the EDB process was successfully completed, and include the date it was done and the name and PIN of the individual. CLRC comments will also be added when the case goes to the exception report, and will include the reason the EDB process could not be completed, the date, and the name and PIN of the individual.

### **EDB Exception Reports**

Two new reports, the EDB Exception Summary Report (R100) and the EDB Exception Detail Report (R101), will be created in MES Reports. The summary report will display the total exception counts for unresolved exceptions from the EDB process. The exception detail report will include the details of each exception, including the Region, Worker, Case Number, PIN, Recipient details (Name, DOB, Gender), Medicare ID, Medicare Part A and Part B details (Begin Date, End Date, Premium Paid Code, Premium Amount), Exception Reason, and Exception Start Date.

There are several reasons that result in the system being unable to process and dispose of AGs in the EDB process, including demographic and data mismatches and changes in benefit levels. Examples include:

- Cases where AIID or AIMM cannot be updated.
- EDB TIP is unable to authorize all AGs on AWAA, including AGs with benefit level changes.
- EDB TIP is unable to authorize ICP, Hospice or Waiver AGs that are not currently open.

During exception processing, once an exception is resolved in FLORIDA, a daily process will run to mark the resolved exceptions as completed and they will be dropped from the exception report.

Both EDB exceptions reports will display in the Exceptions Management Reports folder of the MES reporting system.

Regional Program Office staff may contact Eileen Schilling at [Eileen.Schilling@myflfamilies.com](mailto:Eileen.Schilling@myflfamilies.com) for system-related questions.

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