

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DAVE RICHARD
DEPUTY SECRETARY FOR MEDICAL ASSISTANCE

April 16, 2018

Re: New Medicare Cards Transition Began April 1, 2018

Dear County Directors of Social Services:

The Centers for Medicare & Medicaid Services (CMS) will begin mailing new Medicare cards April 2018, with the new Medicare Beneficiary Identifier (MBI), which replaces the Social Security-based Health Insurance Claim Number (HICN) currently used on the Medicare card.

Please ensure that all county staff are aware that North Carolina Medicare beneficiaries will receive a new Medicare card with the assigned MBI number beginning in April 2018. The MBI on the new card is effective immediately, unless the patient is new to Medicare, in which case refer to the "coverage starts" date on the card. County staff should start using the MBI numbers as soon as they are received in the agency. MBI's will be 11 characters long, and will consist of a combination of letters and numbers.

Further updates will be provided regarding this change, including changes to NCFAST and other supporting automation systems. A NCFAST Job Aid will be forthcoming with instructions on how to enter MBI numbers into NCFAST. Please see the attached document which shows the old Medicare card and the new Medicare card with the MBI. You can also find additional details in the [Dear County Directors Letter: New Medicare Cards, formally Social Security Number Removal Initiative \(SSNRI\)](#) dated November 3, 2017.

If you have any questions regarding this information, please contact the Operational Support Team Representative.

Sincerely,


A handwritten signature in blue ink, appearing to read "Dave Richard".

Dave Richard
Deputy Secretary for Medical Assistance

Current Medicare Card

| | | | | |
|---|-----------------|---|------------------|--|
| MEDICARE | |  | HEALTH INSURANCE | |
| 1-800-MEDICARE (1-800-633-4227) | | | | |
| NAME OF BENEFICIARY JANE DOE | | | | |
| MEDICARE CLAIM NUMBER 000-00-0000-A | | SEX FEMALE | | |
| IS ENTITLED TO | | EFFECTIVE DATE | | |
| HOSPITAL | (PART A) | 07-01-1986 | | |
| MEDICAL | (PART B) | 07-01-1986 | | |
| SIGN HERE → <i>Jane Doe</i> | | | | |

New Medicare Card

| | | | |
|---|--|-----------------------------------|--|
|  | | MEDICARE HEALTH INSURANCE | |
| Name/Nombre JOHN L SMITH | | | |
| Medicare Number/Número de Medicare 1EG4-TE5-MK72 | | | |
| Entitled to/Con derecho a | | Coverage starts/Cobertura empieza | |
| PART A | | 03-03-2016 | |
| PART B | | 03-03-2016 | |