# Medicare Beneficiary Identifier (MBI)

Effective January 1, 2020, the Medicare Beneficiary Identifier (MBI) replaced the Health Insurance Claims Number (HICN) as the ID number for Medicare Parts A, B and D.

Benefits Administrators moving employees into retirement, long-term disability (including Medicare-eligible family members) or establishing survivor coverage should obtain the MBI for those who are eligible for Medicare and key it in BES when moving the employee or survivor into former-employment status.  This is critical when the participant elects a Medicare-primary plan that includes Medicare Part D prescription drug coverage since failure to provide the MBI can result in denial of coverage in the state program's Medicare Part D plan.  If the enrollee or family member does not have a red, white and blue Medicare card with the MBI, instruct the employee or family to contact 1-800-MEDICARE for assistance.

Following is the format of the 11-character MBI to assist you with confirming that the information you are entering is correct:

| Position | Value in Position |
|---|---|
| Position 1 | Numeric values (1—9) |
| Position 2 | Alphabetic values (A—Y*) |
| Position 3 | Alpha-numeric values (0—9 or A—Y*) |
| Position 4 | Numeric values (0—9) |
| Position 5 | Alphabetic values (A—Y*) |
| Position 6 | Alpha-numeric values (0—9 or A—Y*) |
| Position 7 | Numeric values (0—9) |
| Position 8 | Alphabetic values (A—Y*) |
| Position 9 | Alphabetic values (A—Y*) |
| Positon 10 | Numeric values (0—9) |
| Position 11 | Numeric values (0—9) |

NOTE:
- All alphabetic values are in upper case, and *they will never include an S, L, O, I, B or Z
- In limited circumstances, MBIs may change
- Hyphens should not be keyed

The Office of Health Benefit Medicare Part D coordinator will provide an MBI for existing retiree group participants (retirees, survivors and LTD participants) who are automatically moved to Medicare-primary coverage each month in a batch file based on their date of birth.  Following is a summary of that process:

- The month before the effective date of Medicare primary coverage due to age in the retiree group, the most recent HuRMan report is checked to identify affected participants.
- All affected participants are checked against the most recent quarterly file from SSDC, the Medicare identification vendor, to obtain all available MBIs, which are then keyed in BES.
- Any missing MBIs are sent directly to SSDC for research.
- Letters are sent to those whose MBI is not available.
- ESI will also make an attempt to obtain missing MBIs from participants.
- If MBI is not obtained within 21 days of submission for enrollment, ESI will terminate Med D coverage—participant must be moved to Medical Only coverage based on termination documented on the weekly TRR (transition reply report).
- If MBI can be obtained and facilitate Med D enrollment without break, participant may be reinstated.
- If there is a break in coverage due to no MBI, they may not return to the state plan's Med D plan.