

## Eli's Hospice Insider

## Billing: Know The Ins And Outs Of These MBI Scenarios

Tip: Death doesn't stop MBI lookup.

Medicare has required hospices to use MBIs going on two months, but there are still many confusing wrinkles to smooth out.

**For example:** If you have a claim rejecting due to an incorrect Medicare Beneficiary Identifier, then you need to do a little research.

"If you get an eligibility transaction error code (AAA 72) of 'invalid member ID,' or 'The beneficiary you requested cannot be found. Please verify your information,' your patient's MBI may have changed" since it was originally issued, the **Centers for Medicare & Medicaid Services** explains in a new article. "Remember, requests to change MBIs can occur if a Medicare beneficiary, their authorized representative, or CMS suspects a number is compromised." Patients may give you the old card, or seek care before receiving a new one.

**Tip:** When you get such an error code, "do a historic eligibility search to get the termination date of the old MBI," CMS advises. Then, "get the new MBI from your Medicare Administrative Contractor's secure lookup tool."

**But what if your patient is deceased?** You can still look up a patient's MBI, even if that patient has expired. So says HHH Medicare Administrative Contractor **Palmetto GBA** in a recent post on its website.

"Users may obtain an MBI as long as the Medicare beneficiary information entered is valid and the beneficiary's date of death is less than 13 months prior to the date the MBI Lookup inquiry is performed," Palmetto says. If the date of death is more than 13 months prior, you'll "receive a message advising that the date of death exceeds the timely claim filing requirement. The MBI will not be returned," the MAC informs providers.

## **CMS Bungles Some MBIs**

Meanwhile, CMS' conversion to using MBIs rather than HICNs may not have gone as smoothly as yours, according to a recent **HHS Office of Inspector General** report.

CMS "controls were generally effective in ensuring that (1) beneficiaries were properly assigned MBIs, (2) deceased beneficiaries were not mailed new Medicare cards, and (3) payments were not made on behalf of deceased beneficiaries," the OIG says in a new report.

But they weren't perfect. CMS did assign to 22,662 beneficiaries two or more MBIs associated with multiple enrollment records; mail 58,420 new Medicare cards after the beneficiaries' dates of death; and make about \$2.3 million in improper payments for claims with dates of service after beneficiaries' dates of death.

Note: The OIG report, including the OIG's recommendations to fix those issues, is at <a href="https://oig.hhs.gov/oas/reports/region9/91903003.asp">https://oig.hhs.gov/oas/reports/region9/91903003.asp</a>.