

NOVICE KNOW-HOW: BENEFICIARY INFORMATION & HELPFUL TIPS TO AVOID POTENTIAL MISUSE OF IT

Patient Eligibility

THE IMPORTANCE OF THE PATIENT'S MEDICARE NUMBER

When an individual becomes entitled to Medicare health insurance benefits, he or she receives a Medicare health insurance card with their name, sex, health insurance claim number (HICN), and the effective dates of entitlement to hospital insurance and/or medical insurance. The Social Security Office may furnish a temporary health insurance eligibility notice when immediate medical service is needed before the health insurance card is issued. The HICN must be submitted on all requests for Medicare payment, related bills, and documents. A patient's claim history record is maintained by the HICN, and it is essential that it be used on all communications.

DETERMINING PATIENT ELIGIBILITY

The provider's office should check the beneficiary's card personally, record the information, make a photocopy for the record and verify the effective date. The beneficiary's card should also be rechecked at least once a year. **The HICN could change depending on the type of benefits a beneficiary is currently entitled to under Social Security.**

The alphanumeric suffixes (Beneficiary Identification Codes or BIC) following the Social Security Number on the health insurance card indicate the beneficiary's classification. The alpha is a necessary part of the Medicare number.

Helpful Hint!

An invalid or missing Medicare number is one of the top reasons claims are returned as unprocessable.

These codes are assigned by the Social Security Administration and, while many valid codes exist, most are not frequently used to designate Medicare benefits. The most commonly occurring Medicare beneficiary suffixes are:

SUFFIX	DESCRIPTION
A	Male or female wage earner
B	Wife – 65 and over
B1	Husband – age 65 or over
D	Widow – 65 and over
M	Uninsured for Medicare A, insured for Medicare B
T	Entitled to Medicare A and Medicare B but not entitled to Social Security Benefits

Some other valid suffixes are B1 through B9, C1 through C9, D1 through D8, E, E1 through E3, E7, F1 through F8, J1 through J4, K1 through K4, M1, T1 through T9, W, W1 through W7.

If the beneficiary's HICN begins with a letter, the beneficiary is covered under Railroad Retirement. Example: W123-45-6789. Other prefixes which may appear in the HICN identifying a Railroad Retirement beneficiary include A, CA, JA, MA, PA, WA, H, MH, PH, WH, PD, WCS, WCD, and WD.

WPS does not process claims for Railroad Retirement beneficiaries.

Claims are filed with
Palmetto GBA
Railroad Medicare Part B
Augusta, GA 30999
1-877-288-7600
<http://www.Palmettogba.com>

MISUSE OF BENEFICIARY'S MEDICARE CARD OR HEALTH INSURANCE CLAIM NUMBER

There has been an increase in the number of reported instances in which a Medicare beneficiary's card or Health Insurance Claim Number (HICN) was used by someone other than the beneficiary for the purpose of submitting a claim to the Medicare program for reimbursement. When Medicare verifies the misuse of a beneficiary's identification card, the usual procedure is to collect a refund from the provider or providers who rendered the service.

To help prevent misuse, the following information should be verified when a beneficiary who is not known by the provider is seeking service:

- Ask to see the beneficiary's Medicare Card.
- Compare the picture on the beneficiary's driver's license to the person seeking service.
- Ask for some other type of identification with the beneficiary's picture or handwriting and make a comparison if the beneficiary does not have a driver's license.
- Ask for his/her home telephone number or a relative's number if you are suspicious of a beneficiary's identification. Check the number in the telephone book and call information or the patient's number to verify their identity if you are suspicious of a beneficiary's identification.
- Telephone the beneficiary's primary or previous physician to verify that the beneficiary is a current patient and the date of the last treatment.

Be cautious of a beneficiary who does not have adequate identification and/or is seeking services on his/her own without a physician referral. Although it is sometimes difficult to screen beneficiaries, doing so helps to identify and prevent potential problems.