

## Entering the Medicare Beneficiary Number (MBN) into NHSN

Beginning July 1, 2014, acute care facilities participating in the Hospital IQR Program must enter the MBN on all event records for Medicare patients; MBN is not required to be entered on NHSN procedure records for Medicare patients at this time. Further, we've provided some additional clarification regarding the MBN below:


- A MBN is also known as a Health Insurance Claim (HIC) number.
- Not all Medicare Health Maintenance Organization (HMO) plans have a "standard" MBN or HIC number.
- Only enter the beneficiary's MBN if it is a "standard" or "valid" MBN.
- Do not enter dashes, spaces or special characters.
- All alpha characters must be upper case.
- Length cannot be less than 7 or more than 12 characters.
- Do not use 999999999999 for unknown numbers.

If the first character is numeric, the first 9 characters must be numeric.

| MBN Length | Rule   |
|------------|--|
| 10         | 9 numeric + 1 alpha  |
| 11         | 9 numeric + 1 alpha + 1 numeric<br>OR<br>9 numeric + 2 alpha |

If the first character is alpha, there must be 1-3 alpha characters followed by 6 or 9 numbers.

| MBN Length | Rule                |
|------------|---------------------|
| 7          | 1 alpha + 6 numeric |
| 8          | 2 alpha + 6 numeric |
| 9          | 3 alpha + 6 numeric |
| 10         | 1 alpha + 9 numeric |
| 11         | 2 alpha + 9 numeric |
| 12         | 3 alpha + 9 numeric |

**Department of Health and Human Services**  
**Centers for Disease Control and Prevention**

NHSN - National Healthcare Safety Network

Logged into DHQP Memorial Hospital (ID 10000) as ASCHNEIDER.  
Facility DHQP Memorial Hospital (ID 10000) is following the PS component.

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## Add Event

Mandatory fields marked with \*

Fields required for record completion marked with \*\*

Fields required when in Plan marked with >

**Patient Information** [HELP](#)

Facility ID\*: DHQP Memorial Hospital (ID 10000) 

Patient ID\*:

Secondary ID: 

Last Name:

Middle Name: 

Gender\*:

Event #: 

Social Security #:

Medicare #:

First Name: 

Date of Birth\*:  