

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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MEDICARE PLAN PAYMENT GROUP

DATE: May 2, 2017

TO: All Part D Plan Sponsors, including PACE Organizations

FROM: Cheri Rice, Director
Medicare Plan Payment Group

SUBJECT: Future Updates to the Drug Data Processing System and Payment Reconciliation System to Accommodate the Social Security Number Removal Initiative (SSNRI)

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, requires that the Centers for Medicare & Medicaid Services (CMS) remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) on new Medicare cards which will be issued to beneficiaries starting April 2018.

On November 9, 2016, CMS released a Health Plan Management System (HPMS) memorandum titled, "Social Security Number Removal Initiative (SSNRI) Selected Updates for Medicare Advantage and Part D Plans". In the memorandum, CMS provided an overview of how SSNRI would impact several CMS processes. This memorandum provides additional details on the Drug Data Processing System (DDPS) and the Payment Reconciliation System (PRS). These changes will be included in the February 2018 release, which is scheduled to be implemented on February 11, 2018. Note that because of the timing of the release, Part D sponsors will receive the MBI through DDPS and PRS files and reports before beneficiaries receive their cards in the mail. Also, note that other systems may have different timeframes for accepting MBIs and may not be prepared to accept MBIs from sponsors in the same timeframe as DDPS.

Although implementation of these changes occurs next year, CMS will post updated DDPS and PRS file layouts and an updated Prescription Drug Event (PDE) edit spreadsheet to the Customer Service and Support Center (CSSC) Operations website at <http://www.csscooperations.com> → Prescription Drug Event → Social Security Number Removal Initiative (SSNRI) to assist Part D sponsors in preparing for implementation of the agency-wide SSNRI. CMS will also post updated CGDP Contract Dispute File and CGDP Reconciliation Inputs Report layouts to the Third Party Administrator (TPA) website at <http://tpadministrator.com> → Social Security Number Removal Initiative (SSNRI). CMS expects to post the updated layouts to the websites in May 2017.

Please submit questions regarding these updates to PDEJan2011@cms.hhs.gov.

General Information

There will be a transition period where CMS will accept either the HICN or the MBI when submitting data to the agency. The transition period will begin no earlier than April 1, 2018, and run through December 31, 2019. Part D sponsors may continue to include either the HICN or an MBI on PDE records submitted through DDPS indefinitely, meaning both *during and after* the transition period. However, Part D plans should submit the MBI on PDE records when it is available. CMS will monitor the progress of Part D sponsors in making the transition to submitting MBIs on PDE records.

Drug Data Processing System (DDPS) Updates

Prescription Drug Event (PDE) Inbound and Return File Layout

The PDE Inbound File Layout will be updated by repurposing the field titled “Health Insurance Claim Number” in positions 51-70 to the “Medicare beneficiary identifier” field. The format of the field will remain the same. The “Medicare beneficiary identifier” field may contain either the HICN or MBI, both during and after the transition period. Please note throughout this memo, the distinction between the “Medicare beneficiary identifier” field, which can be populated with the HICN or MBI, and the Medicare Beneficiary Identifier (MBI), which is the new number assigned to beneficiaries in place of the HICN.

An updated MBI will be reported to plans in positions 446-465 on the PDE Return File (including the P2P Phase 3 Return File) if the HICN was received on the PDE Inbound File Layout, or if MBI is submitted by a plan and there is an updated MBI. The Corrected HICN field (positions 446-465) will be renamed the Corrected Medicare beneficiary identifier field. The format of this field will remain the same.

Updates to the PDE Inbound File Layout and PDE Return File will apply to all PDEs submitted after February 11, 2018, regardless of DOS.

Prescription Drug Event (PDE) Edits

Updated Edit Codes:

The following edit codes are being updated so that the error message that is reported references the Medicare beneficiary identifier in place of the previously specified HICN.

Edit Code	Updated Message
603	The Medicare beneficiary identifier is missing. Must not be blank.
700	The Medicare beneficiary identifier does not match an existing Beneficiary.
710*	The Medicare beneficiary identifier has changed according to CMS records; use the Corrected Medicare beneficiary identifier for future submissions.

*For informational edit code 710, the Corrected Medicare beneficiary identifier field (positions 446-465) in the return file will provide the current beneficiary identifier when this edit triggers. The edit triggers when a HICN is received.

New Edit Code:

A new informational edit code 734 is being created to notify plans when the plan submits an MBI on the PDE record but there is an updated MBI on the PDE Return File for that beneficiary.

Edit Code	Message
734*	The beneficiary MBI has changed according to CMS records; use the new MBI for future submissions.

*For edit code 734, the Corrected Medicare beneficiary identifier field (positions 446-465) in the return file will provide the new MBI when this edit triggers. The edit triggers when an MBI is received.

These edit updates will apply to all PDEs submitted after February 11, 2018, regardless of DOS.

Reports

There are a number of reports issued from the DDPS with fields that currently contain the HICN. No changes will be made to the format of these reports, however CMS will repurpose the fields containing HICN to now allow both HICN and MBI. The affected reports and field name changes are as follows:

- DDPS Cumulative Beneficiary Summary Report (Report 04)
 - “Current CMS HICN” field will be renamed “Current CMS Medicare beneficiary identifier” and will report the most current MBI for the beneficiary.
 - “Last Submitted HICN” field will be renamed “Last Submitted Medicare beneficiary identifier” and will report either the HICN or the MBI that was last submitted by the plan on a PDE.
- Plan-to-Plan (P2P) Monthly Reports: PDE Accounting Report (Report 40), P2P Receivable Report (Report 41), P2P Part D Payment Reconciliation Report (Report 42), P2P Payable Report (Report 43)

- “Current CMS HICN” field will be renamed “Current CMS Medicare beneficiary identifier” and will report the most current MBI for the beneficiary.
- “Last Submitted HICN” field will be renamed “Last Submitted Medicare beneficiary identifier” and will report either the HICN or the MBI that was last submitted by the plan on a PDE.
- Part D Potential Exclusion Warning Report and the Exclusion report
 - “Current HICN” field will be renamed “Current CMS Medicare beneficiary identifier” and will report the most current MBI for the beneficiary.
- Coverage Gap Discount Program Contract Dispute File

After February 11, 2018, any report released will provide the MBI in the Current CMS Medicare beneficiary identifier.

Payment Reconciliation System (PRS) Updates

No changes will be made to the format of the PRS Input Reports to Plans for the Part D payment reconciliation and the Coverage Gap Discount Program reconciliation, however CMS will repurpose the “Current CMS HICN” field to become the “Current CMS Medicare beneficiary identifier” field, which will contain the most current MBI for the beneficiary. Reconciliations and reopenings conducted on or after the implementation of this release will include MBI in place of HICN within the reports, regardless of benefit year. The first annual Part D payment reconciliation affected by the implementation of SSNRI will be reconciliation for benefit year 2017.