

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-18 Medicare Prescription Drug Benefit</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 19</b>	<b>Date: May 10, 2019</b>
	<b>Change Request 11263</b>

**SUBJECT: Update to Publication (Pub.) 100-18 to Provide Language-Only Changes and URL Location Updates for the New Medicare Card Project**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to update Pub. 100-18 with the New Medicare Card Project-related language and new URL location references to updated material. There are no new coverage policies, payment policies, or codes introduced in this transmittal. Specific policy changes and related business requirements have been announced previously in various communications.

**EFFECTIVE DATE: June 11, 2019**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: June 11, 2019**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	Medicare Prescription Drug Benefit Manual/Table of Contents

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

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## I. GENERAL INFORMATION

**A. Background:** The CMS is implementing changes to remove the Social Security Number (SSN) from the Medicare card and update URL references that are no longer valid. A new number, called the Medicare Beneficiary Identifier (MBI), will be assigned to all Medicare beneficiaries. This CR contains language-only changes for updating the New Medicare Card Project language related to the MBI in Pub. 100-18 and new URLs referencing updated information.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires removal of the SSN-based Health Insurance Claim Number (HICN) from Medicare cards within four years of enactment. There are no new coverage policies, payment policies, or codes introduced in this transmittal. Specific policy changes and related business requirements have been announced previously in various communications.

**B. Policy:** MACRA of 2015.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								
		A/B MAC			D M E  M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
11263.1	MACs shall be aware of the updated language for the New Medicare Card Project in Pub. 100-18.	X	X	X	X					

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

#### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements:** N/A

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information:** N/A

#### V. CONTACTS

**Pre-Implementation Contact(s):** Kim Davis, 410-786-4721 or kimberly.davis@cms.hhs.gov , Tracey Mackey, 410-786-5736 or Tracey.Mackey@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

#### VI. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**

# Medicare Prescription Drug Benefit Manual

## Table of Contents (Rev.19, Issued: 05-10-19)

Chapter	Title
1	<a href="#">Introduction and General Provisions</a>
2	<a href="#">Chapter 2 – Medicare Marketing Guidelines For Medicare Advantage Plans, Medicare Advantage Prescription Drug Plans, Prescription Drug Plans, and Section 1876 Cost Plans</a>
4	<a href="#">Creditable Coverage Period Determinations/Late Enrollment Penalty - This was initially disseminated via HPMS. The chapter will be incorporated into the Internet Only Manual System in the future.</a>
5	<a href="#">Benefits and Beneficiary Protections</a>
6	<a href="#">Part D Drugs and Formulary Requirements</a>
7	<a href="#">Medication Therapy Management and Quality Improvement Program</a>
8	Reserved
9	<a href="#">Compliance Program Guidelines</a>
10	Bidding - Not Yet Available - This chapter has not been disseminated via HPMS or Pub. 100-18.
11	Payments - Not Yet Available - This chapter has not been disseminated via HPMS or Pub. 100-18.
12	<a href="#">Employer/Union-Sponsored Group Health Plans</a>
13	<a href="#">Premium and Cost-Sharing Subsidies for Low-income Individuals</a>
14	<a href="#"><i>Coordination of Benefits</i></a>
15	Contract Applications/Determinations; Intermediate Sanctions; Change of Ownership; Preemptions and Waivers - Not Yet Available - This chapter has not been disseminated via HPMS or Pub. 100-18.
16	Reserved
17	Reserved

Part D Enrollee Grievances, Coverage Determinations, and Appeals - This was initially disseminated via HPMS. The chapter will be incorporated into the Internet Only Manual System in the future.