

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 13645</b>	<b>Date: February 19, 2026</b>
	<b>Change Request 14386</b>

**SUBJECT: Prior Authorization Data - Add Medicare Beneficiary Identifier (MBI)**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to for the prior authorization data only pulls in the Health Insurance Claim Number (HICN) as a patient identifier. Adding in MBI (HICN's replacement since 2019) would allow for more streamlined patient mapping for prior authorization data. We would like for MBI to be pulled into IDRC\_EDP\_PRD.CMS\_EDP\_VIEW\_CVM\_PRAU\_PRD.PRAUC for secure patient mapping and performance optimization purposes.

**EFFECTIVE DATE: July 1, 2026**

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

**IMPLEMENTATION DATE: July 6, 2026**

*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>
N/A	N/A

**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:**

**One Time Notification**

# Attachment - One-Time Notification

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**II. GENERAL INFORMATION**

**A. Background:** Beneficiary FHIR Server (BFD), part of OEDA / DASG, is looking to utilize prior authorization data in addition to the Part A, B, and D data already consumed from the IDR.

**B. Policy:** N/A

**III. BUSINESS REQUIREMENTS TABLE**

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

Num ber	Requirement	Responsibility								
		A/B MAC			D ME  M AC	Shared-System Maintainers				Oth er
		A	B	HH H		FI SS	M CS	V MS	C WF	
1438 6.1	CWF shall add MBI to IDRC_EDP_PRD.CMS_EDP_VIEW_CVM_PRAU_PRD.PRAUC for secure patient mapping and performance optimization purposes.								X	CV M, IDR

**IV. PROVIDER EDUCATION**

None

**Impacted Contractors:** None

**V. SUPPORTING INFORMATION**

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

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**Section B: All other recommendations and supporting information:** N/A

## **VI. CONTACTS**

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

## **VII. FUNDING**

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

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**ATTACHMENTS: 0**