



November 3, 2017

Mr. Demetrios Kouzoukas, Principal Deputy Administrator and Director of the Center for Medicare  
Mr. Jerry Mulcahy, Director, Medicare Enrollment and Appeals Group  
Ms. Cheri Rice, Acting Deputy Director, Center for Medicare  
Ms. Jennifer Shapiro, Acting Director, Medicare Drug Benefit and C&D Data Group  
Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

RE: Medicare Card Project

Dear Mr. Kouzoukas, Mr. Mulcahy, Ms. Rice and Ms. Shapiro:

The National Council for Prescription Drug Programs (NCPDP) is a not-for-profit ANSI-Accredited Standards Development Organization (SDO) consisting of more than 1,600 members who are interested in electronic standardization within the pharmacy services sector of the healthcare industry. NCPDP provides a forum wherein our diverse membership can develop solutions, including ANSI-accredited standards, and guidance for promoting information exchanges related to medications, supplies, and services within the healthcare system.

In November 2016, NCPDP's Government Programs Work Group formed the Social Security Number Removal Initiative (SSNRI) Task Group to identify the impact of the new Medicare Card project throughout NCPDP standards where Health Insurance Claim Number (HICN) is used, provide recommendations and respond to questions.

Medicare Part D plans participating in this task group believe it is necessary for the Medicare Advantage Prescription Drug (MARx) system to be placed into a "blackout" mode where no plan transaction processing would be completed and Plan Sponsors would not receive Daily Transaction Reply Reports (DTRRs) during the blackout period. This action is essential in order to ensure the new Medicare Beneficiary Identifier (MBI) data is loaded correctly, timely and there is no disruption of service to Medicare beneficiaries.

When the initial CMS historical crosswalk file is provided to Medicare Part D plans in early March 2018, the file is expected to be very large as it will include active and inactive members dating back to 2006. Plans will need to update the MBI for beneficiaries in their enrollment systems prior to the April 1, 2018 date when the MBI is expected to be received on transaction response files from CMS. This leaves a very small window for plans to load and reconcile the new Medicare numbers into their enrollment and required downstream systems. For those plans with a large volume of beneficiaries, the file is expected to include millions of records. (As an example, the file for a contract is estimated to be in excess of 8-9 million members).

As the current HICN is the key identifier for beneficiaries, plan enrollment systems and transactions utilize the HICN for daily processing. Thus, there is a critical timing aspect where plans need to update their systems prior to April 1, 2018 but would not want to load these numbers early as HICN remains the CMS key for processing until April 1, 2018. If loaded prior to April, the transactions to and from CMS would reject as the MBI would not yet be "live" and the HICN would still be the CMS key. This would result in member records not matching and create extensive transaction failures in plan enrollment systems which would result in significant negative impacts to Medicare beneficiaries, etc.

NCPDP offers the following recommendations to minimize the negative impact to Medicare beneficiaries:

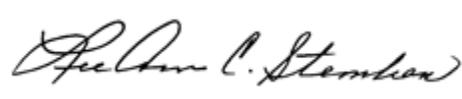
- MARx system blackout period of six calendar days immediately prior to the April 1, 2018 go-live date where transactional submission and response processing would be held until after issuance of the initial crosswalk file (i.e., March 26-31, 2018). This would not only allow plans to update and reconcile their systems with the large crosswalk file but also allow CMS time for their cutover.
  - Absent approval for the blackout period, plans will need assurance they will not be considered non-compliant as member notifications will not be mailed within the required timeframe due to holding the DTRR files while the crosswalk file is being loaded and quality assessment performed.
- Provision of a CMS crosswalk "test" file in order for plans to validate format, headers, etc. for processing.
- Ongoing CMS user group calls in order to ask questions and receive answers related to the Medicare Card Project.
- CMS representation in a future NCPDP SSNRI task group call to discuss all concerns related to MBI including those referenced in this letter.

Thank you for your consideration of this request which NCPDP believes is necessary to ensure industry readiness, continued patient access to care and success of the Medicare Card Project.

For direct inquiries or questions related to this letter, please contact:

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Sincerely,



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