

Response to 60-Day NPRM Public Comments
Medicaid Managed Care and Supporting Regulations
CMS-10855 (OMB 0938-1445)

Serving as the 60-day notice, the proposed rule (CMS-2434-P; RIN 0938-AU28) published in the Federal Register on May 26, 2023 (88 FR 34238). With regard to CMS-10855, the following comments were received and responded to under ICR #6 (Standard Medicaid Managed Care Contract Requirements) of our September 26, 2024 (89 FR 79019) final rule (CMS-2434-F).

To summarize, we are not changing any of our proposed requirements, burden estimates or assumptions in response to the NPRM's comments. Instead, CMS-2434-F finalizes the proposed requirements, burden estimates or assumptions without change.

Comment #1: A few commenters noted the administrative burden of creating potentially thousands of unique BIN, PCN, and group number identifiers instead of the requirement using a BIN and PCN combination. Commenters also expressed concern regarding the administrative burden for assigning each enrollee with a unique BIN, PCN, and group number.

Response: CMS is finalizing the rule to include this recommendation to require a BIN and PCN combination, along with a group number identifier, rather than unique numbers for each component. We agree that it would be administratively burdensome to require unique BINs and unique PCNs, along with a group identifier. The combination approach will achieve the intended result, while minimizing any potential administrative issues.

Action Taken: None.

Comment #2: One commenter stated that there would be a cost associated with reprinting pharmacy identification cards to meet with new requirement. Another commenter expressed concern regarding the potential operational burden for needing to reissue member ID cards to beneficiaries regarding the new BIN/PCN requirement.

Response: This final rule does not mandate reprinting or re-issuance of enrollee identification cards solely based on when a unique BIN and PCN combination and group number identifier is assigned, but rather re-issuance of cards shall bear the unique identifiers upon routine card issuance. Plans are expected to fulfill these requirements within their standard business practices.

The applicability date for the BIN and PCN combination, and group number identifier provision will be the first rating period for State contracts with MCOs, PIHPs, and PAHPs beginning on or after 1 year following the effective date of the final rule.

Action Taken: None.

Comment #3: One commenter stated that pharmacies submitting a 340B identifier on claims involves high administrative burden and financial risk and should be considered a last resort.

Response: Inclusion of accurate submission clarification codes is a standard NCPDP guided practice for pharmacies to include additional information to the processor when submitting a claim. We do not believe the submission of accurate submission clarification codes is a burden outside of the normal current business practices. However, the inclusion of 340B identifiers on claims is outside the scope of this final rule.

Action Taken: None.