Medicare-Medicaid Plans (MMPs)

An Introduction to Medicare-Medicaid Plan Encounter Data Submission Requirements

AGENDA

- Overview
- Enrollment Process
- Connectivity
- Testing/Certification
- Companion Guides
- Data Submission
- Payer Identification
- File Receipt
- Questions and Answers
- Resources
- Closing Remarks

PURPOSE OF PROGRAM

- Purpose of Capitated Financial Alignment Demonstration:
  - To better align and integrate primary, acute, behavioral health and long term care services for Medicare-Medicaid enrollees.

PURPOSE OF WEBINAR

Provide guidance and beneficial information on the following:

- Electronic Submission Enrollment Process for Electronic Data Interchange (EDI)
- Connectivity Options/Methods
- Testing and Certification Requirements
- Data Submission/Reports

ENROLLMENT PROCESS

ENROLLMENT PROCESS

Enrollment for the submission of Medicare-Medicaid Data Encounters:

- EDI Agreement for Medicare-Medicaid Data Collection
- Online Submitter Application
- Medicare-Medicaid Connect:Direct Application Form (if applicable)
- Letter of Authorization from the MMP authorizing third party to submit on their behalf (if applicable)

Please visit www.csscoperations.com and select Medicare-Medicaid Plans in order to access the Enroll to Submit Medicare-Medicaid Plans Data link.

CSSCOPERATIONS.COM HOMEPAGE

HOME ARCHIVES CONTACT US E-MAIL UPDATES

Search

- Encounter Data
- Medicare-Medicaid Plans
- Prescription Drug Event
- Risk Adjustment Processing System

Welcome to CSSC Operations

The CSSC website is the gateway to Medicare Advantage, Medicare-Medicaid Data and Prescription Drug Programs. Visitors to the site can access information about Risk Adjustment, Encounter Data, Medicare-Medicaid Data and Prescription Drug Programs; including opportunities to enroll to submit data and obtain comprehensive information about data submission and reporting. In addition, the site provides valuable links to CMS instructions and other official resources.

Third Party Administrator

Looking for Third Party Administrator? Follow the link below to access the website.

www.TPAdministrator.com

News

Medicare-Medicaid Plans

MMP NCPDP Companion Guide

Prescription Drug Event

PDE Monthly Reports Status

System Status

All systems are operational and distribution of reports are current.

CSSCOPERATIONS.COM HOMEPAGE

HOME ARCHIVES CONTACT US E-MAIL UPDATES

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News

Prescription Drug Event

PDE Monthly Reports Status

Risk Adjustment Processing System

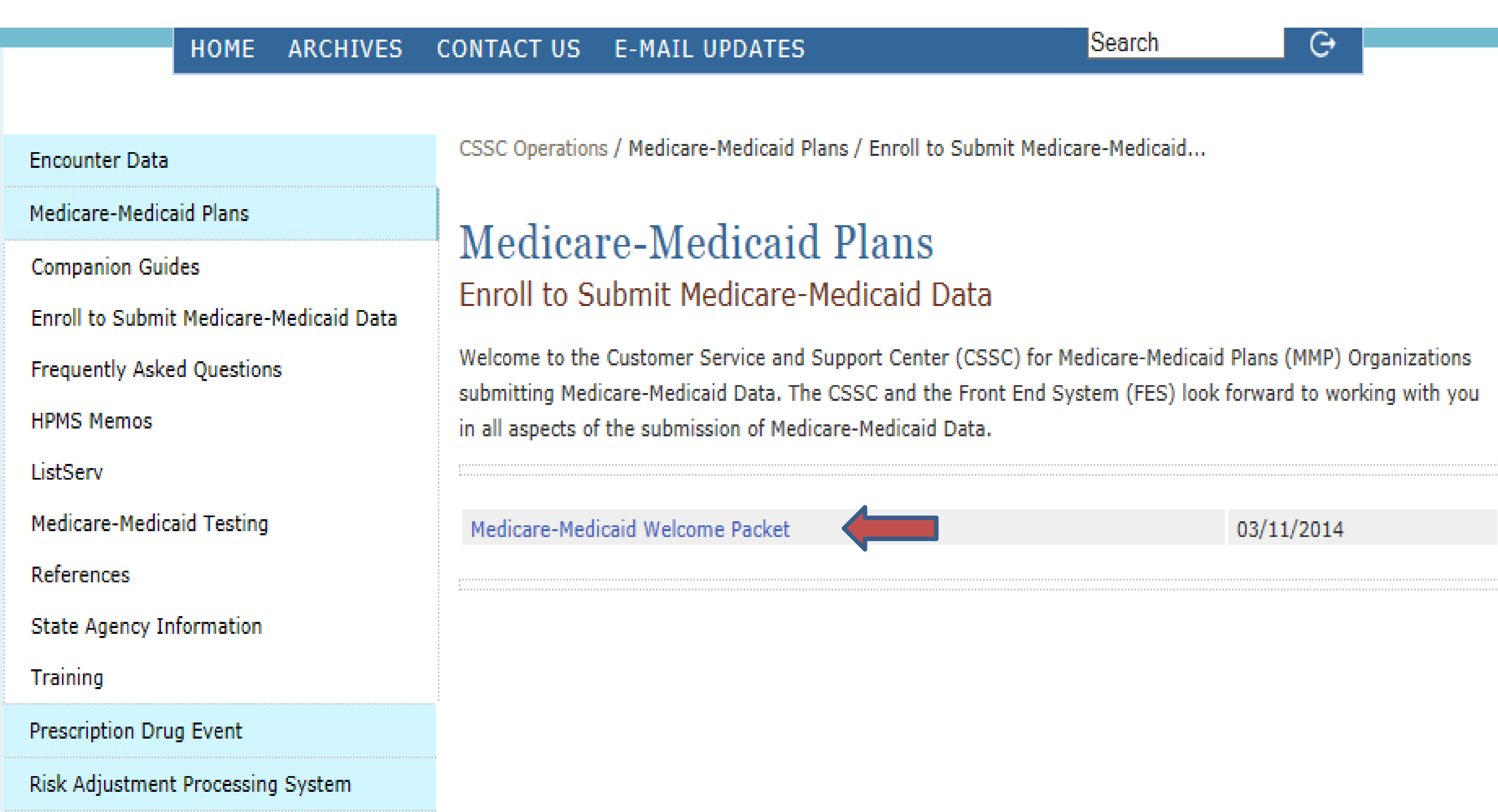
Registration for Risk Adjustment Webinar Open

System Status

All Systems

DDPS Processing Hold

CSSCOPERATIONS.COM HOMEPAGE



ENROLLMENT PROCESS

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- Training

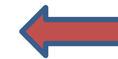
CSSC Operations / Medicare-Medicaid Plans / Enroll to Submit Medicare-Medicaid Data / Medicare-Medicaid Welcome...

Medicare-Medicaid Plans

Medicare-Medicaid Welcome Packet

Welcome to the Customer Service and Support Center (CSSC) for Medicare-Medicaid Plans (MMP) Organizations submitting Medicare-Medicaid Data. The CSSC and the Front End System (FES) look forward to working with you in all aspects of the submission of Medicare-Medicaid Data.

The following information must be completed and sent to the CSSC for enrollment for the submission of Medicare-Medicaid Data:

- EDI Agreement for Medicare-Medicaid Data collection
- Online Submitter Application
- Medicare-Medicaid Connect:Direct Application Form 

ENROLLMENT PROCESS
EDI AGREEMENT FOR MMPs

- There are agreements on the EDI Enrollment form between the eligible organization and the Centers for Medicare & Medicaid Services (CMS). A few are:
  - **What the eligible organization agrees to do:**
    - Submit MMP encounter data to CMS
    - Provide true and accurate information
  - **What CMS agrees to do:**
    - Acknowledge receipt of MMP encounter data
    - Ensure equal access to any EDI services CMS requires

These are not all inclusive lists of agreements between the eligible organizations and CMS.

ENROLLMENT PROCESS EDI AGREEMENT FOR MMP

- Plans/submitters must complete the MMP EDI Agreement and MMP Submitter Application.
- Plans/submitters who submit data will receive a new submitter number based on the servicing state.
- Testing cannot be initiated without a completed enrollment packet.

MMP SUBMITTER APPLICATION

CSSC Medicare-Medicaid Plan Submitter Application

Welcome to the Submitter Application Form

Instructions

Start a New Application
Start here if an application has not been previously started or completed for the plan.

The application form consists of 6 steps -
- Step 1. Complete the general plan information.
- Step 2. Add any additional plans.
- Step 3. Review the application.
- Step 4. Confirm, Print and Submit Your Application.
- Step 5. Print the submission receipt.

Find an Existing Application
Start here if an application has been previously started or completed for the plan. Please have the main plan provided in Step 1 and the Application Number provided at the start of the application.

Start a New Application

Start

Find an Existing Application

Application ID | Application Code

Lookup Application

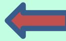
Exit

MMP SUBMITTER APPLICATION

CSSC Medicare-Medicaid Plan Submitter Application

Start. Select an Application Type

Application Status: In Progress

Please choose how you would like to start this application: 

- ○ Plan completing application with new ID, the Plan will submit the Medicare-Medicaid Plan data.
- ○ Plan completing application, a Third Party Will submit Medicare-Medicaid Plan data.
- ○ Third Party completing application with new ID and will also submit the Medicare-Medicaid Plan data.

Continue To Step 1 >>

Application Home | Cancel Application

MMP
SUBMITTER APPLICATION

CSSC Medicare-Medicaid Plan Submitter Application

Step 1. Submitter Information for Application

Application Status: In Progress

Completing Application As:	Plan
New Submitter ID:	Yes
Medicare-Medicaid Plan Submitter:	Plan
Plan Number:	H9999
Plan Name:	MMP R US
Address:	100 MMP Boulevard
Address 2:	
City, State Zip:	Columbia , SC 29203 -
Fax Number:	(999) 999 - 9999
Operations Contact Person:	First: Anita Last: Number
Operations E-Mail address:	anita.number@youremail.com
Operations Phone Number:	(123) 456 - 7890 Ext.
Technical Contact Person:	First: Reelie Last: Technical
Technical E-Mail address:	reelie.technical@youremail.com
Technical Phone Number:	(098) 765 - 4321 Ext.
Connection Type established:	○ NDM/Connect:Direct ○ FTP ● NONE
Number of Additional Plans:	1

Continue To Step 2 >>

MMP SUBMITTER APPLICATION

CSSC Medicare-Medicaid Plan Submitter Application

Application Started

Application Status: In Progress

Your application has been started.

Once you complete your application you can use the Application Number and Application Code to access a completed application.

Your application number is **533.**

Your application code is **Te#r6vka.**

Please print/save this page or note this information for your records.

You must continue to complete and submit your application.

MMP SUBMITTER APPLICATION

CSSC Medicare-Medicaid Plan Submitter Application

Step 2. Additional Plans for Application

Application Status: In Progress

Application Number:	533
Plan Number(s):	
1. H9999	

<< Back To Step 1 | **Continue To Step 3 - Review Application >>**

MMP SUBMITTER APPLICATION

CSSC Medicare-Medicaid Plan Submitter Application

Step 3. Review Your Application

Application Status: In Progress

Submitter Information	[Update Information]
Application Number:	533
Are you completing this application as the Plan or Third Party?:	Plan
New Submitter ID:	Yes
Please indicate who will submit the Medicare-Medicaid Plan data:	Self
Plan Number:	H9999
Plan Name:	MMP R US
Address:	100 MMP Boulevard
Address 2:	
City, State Zip:	Columbia, SC 29203
Fax Number:	(999) 999 - 9999
Operations Contact Person:	Anita Number
Operations E-Mail address:	anita.number@youremail.com
Operations Phone Number:	(123) 456 - 7890
Technical Contact Person:	Reelie Technical
Technical E-Mail address:	reelie.technical@youremail.com
Technical Phone Number:	(098) 765 - 4321
Connection Type established:	NONE
Additional Plan(s)	
Plan Number(s):	

<< Back To Step 2 | Continue To Step 4 - Confirm Application >>

ENROLLMENT PROCESS CONNECT:DIRECT/NDM

- Submitters who submit data via Connect:Direct/Network Data Mover (NDM) must submit a MMP Connect:Direct Application.
- One Connect:Direct/NDM application must be completed to indicate the type of data that will be submitted.

ENROLLMENT PROCESS
LETTER OF AUTHORIZATION

- Plans may use a third party submitter.
- When a third party submitter is involved, a separate Submitter Application and EDI Agreement must be completed, signed and returned by the third party submitter.
- A letter of authorization from the MMP organization(on company letterhead) giving the third party submitter permission to submit data on their behalf must accompany the EDI Agreement.

STATE WELCOME PACKET

HOME ARCHIVES CONTACT US E-MAIL UPDATES

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- Report Layouts
- State Agency Frequently Asked Questions
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Welcome to CSSC Operations

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News

Prescription Drug Event

PDE Monthly Reports Status

System Status

All Systems

RAPS System Status

DDPS Report Distribution

EDFES System Status

STATE WELCOME PACKET

STATE WELCOME PACKET

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CSSC Operations / Medicare Medicaid Plans / State Agency Information / State Agency Welcome...

Medicare Medicaid Plans

State Agency Welcome Packet

Welcome to the Customer Service and Support Center (CSSC). The CSSC and the Front End System (FES) look forward to working with you in all aspects of the submission and receipt of Medicare-Medicaid Data.

The following information must be completed and sent to CSSC Operations for the submission and receipt of Medicare-Medicaid Data:

- Interconnection Security Agreement (ISA)
- State Agency Connect:Direct Application Form (if applicable)

STATE WELCOME PACKET

- A CMS ISA must be completed by each State prior to submitting and receiving Medicare-Medicaid Data
- It is kept on file with CSSC Operations.
- The agreement must be signed by an authorized agent of the State and returned to CSSC Operations
- A state code will be assigned by CSSC Operations

STATE WELCOME PACKET

Please complete the CMS ISA and State Agency Connect:Direct Application Form and return to:

Palmetto GBA

CSSC Operations AG-570

2300 Springdale Drive Bldg. One

Camden, South Carolina 29020-1728

SUBMISSION OPTIONS

SUBMISSION OPTIONS

- CMS connectivity must be established
- There are two submission options:
  - Secure File Transfer Protocol (SFTP)
  - Connect: Direct/NDM

MMP reports for both options will be returned within 48 hours.

Please note: GENTRAN is NOT an option for Medicare-Medicaid Data submitters.

SFTP

- In an effort to support and provide the most efficient processing system, and to allow for maximum performance, CMS recommends that SFTP submitters’ scripts upload no more than one (1) file per five (5) minute intervals.
- Zipped files should contain one (1) file per transmission.
- Front end reports will be received the same day.

CONNECT:DIRECT

- Formerly known as Network Data Mover (NDM).
- Connect:Direct submitters must format all files in the 837 ***80-byte fixed block format.***
- For the Risk Adjustment Processing System (RAPS) and PDE files must conform to the 512 byte record format.
- National Council for Prescription Drug Programs (NCPDP) files must conform to the 3700 byte record format.
- Front end reports should be returned within two business days of file submission.

TESTING/CERTIFICATION

TESTING/CERTIFICATION

Medicare-Medicaid - Plans (only) Certification Requirements	TEST – CERTIFICATION – CRITERIA
Encounter - Medicare A	Provide 1 file containing 25 encounters. Must pass at 100%
Encounter - Medicare B	Provide 1 file containing 25 encounters. Must pass at 100%
Encounter - Medicare DME	Provide 1 file containing 25 encounters. Must pass at 100%
Medicaid - A	Provide 1 file containing 25 encounters. Must pass at 100%
Medicaid - B	Provide 1 file containing 25 encounters. Must pass at 100%
Medicaid - Dental	Provide 1 file containing 25 encounters. Must pass at 100%
Medicaid - NCPDP	Provide 1 file containing 25 encounters. Must pass at 100%
Medicaid - DME	Provide 1 file containing 25 encounters. Must pass at 100%
PDE	Use the current PDE Test/Cert requirements (listed on the CSSC Operations website)
RAPS	Use the current Test requirements (listed on the CSSC Operations website)

NOTE:

- In the event more than 25 encounters are submitted, the file must receive an accepted or partially accepted 999, and 277CA with a minimum of an 80% acceptance rate.
- When passing certification for one of the 7 encounter data lines of business (Medicare: Part A, Part B, DME and Medicaid: Part A, Part B, DME and Dental) you are considered certified for ALL encounter data lines of business under MMP.

COMPANION GUIDES

COMPANION GUIDES

- The MMP Companion Guides contain information to assist MMPs in the submission of data.
- The information contained in these guides is based on current decisions and is modified on a regular basis.
- All versions of the Companion Guides are identified by a version number located on the version control log page.

COMPANION GUIDE HIGHLIGHTS

Payer Identification (ID)

PAYER	PAYER ID
RAPS	80883
PDE	80885
Medicare Part A	80888
Medicare Part B	80889
Medicare DME	80890
Medicaid Part A	80891
Medicaid Part B	80892
Medicaid Dental	80893
NCPDP	80894
Medicaid DME	80895

COMPANION GUIDE HIGHLIGHTS

If a plan is sending the Medicaid State Assigned Beneficiary Identification Number, the 2010BB REF02 G2 segment has been designated to accommodate this number.

Loop	Segment	Element	
2010BB	REF	REF01	G2
2010BB	REF	REF02	Medicaid State Assigned Identification Number

COMPANION GUIDE HIGHLIGHTS

CMS strongly encourages MMPs and submitters to identify any MMP assigned encounter control number in the 2300 Loop CLM segment as follows:

Loop	Segment	Element	
2300	CLM	CLM01	Plan Internal Claim Number (ICN)

SPECIAL CONSIDERATION

The Palmetto GBA assigned ICN will be populated in the 2330B Loop REF02 segment with an FY qualifier. This ICN will be passed to the State in an 837 delimited file.

Loop	Segment	Element	
2330B	REF	REF01	FY
2330B	REF	REF02	Palmetto GBA assigned ICN

NOTE: If the MMP populates data in the 2330B Loop REF02 segment when the REF01 = FY, Palmetto GBA will overlay the data populated in the REF02 segment with the Palmetto GBA assigned ICN.

COMPANION GUIDES

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PDE Monthly Reports Status

Risk Adjustment Processing System

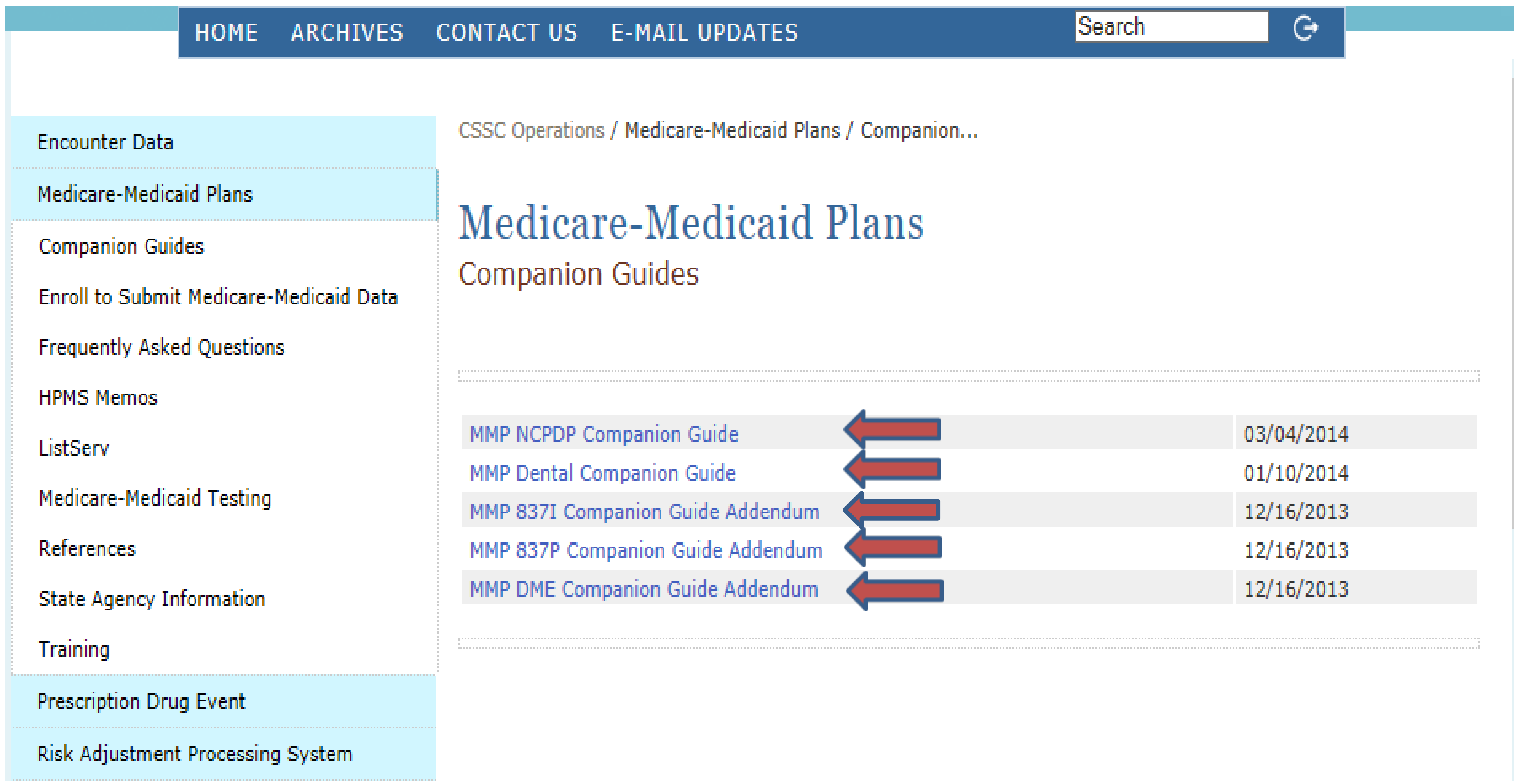
Registration for Risk Adjustment Webinar Open

System Status

All Systems

DDPS Processing Hold

COMPANION GUIDES



DATA SUBMISSION

DATA SUBMISSION

- The MMPs will submit data in separate files/datasets for the following:
  - RAPS
  - PDE
  - Medicare Part A
  - Medicare Part B
  - Medicare DME
  - Medicaid Part A
  - Medicaid Part B
  - Medicaid Dental
  - Medicaid DME
  - NCPDP

RISK ADJUSTMENT

- Risk adjustment is the method used to adjust bidding and payment to health plans based on demographics (i.e., age and sex) as well as actual health status of a plan’s enrollees.
- It is prospective; diagnoses from the previous year and demographic information is used to predict future costs and adjust payment.
- CMS uses information from risk adjustment to pay plans for the risk of the beneficiaries they enroll.

This information is specific to Medicare submitted data.

PRESCRIPTION DRUG EVENT

- The prescription drug event (PDE) contains prescription drug cost and payment data that enables CMS to make payments to plans and otherwise administer the Part D benefit.
- Coverage includes:
  - A plan’s basic Part D drugs
  - Applicable Drugs
  - Non-Applicable Drugs

This information is specific to Medicare submitted data.

MEDICAID

MEDICAID

- Medicaid encounter data is required by participating plans to capture an improved understanding and to facilitate evaluation of the beneficiary experience in the plan.
- Refer to State assigned companion guide for data element specifications with the exception of the data elements specified in the MMP Addenda and Companion Guides.

REPORT RECEIPT

REPORT RECEIPT

- The MMP will receive return reports:
  - Medicare and Medicaid encounters, one set of reports per file submitted will be returned.
  - RAPS and PDE submissions will be returned as one single file.
  - Multiple same day submissions will be returned with multiple reports in one file.
  - Medicare encounters may receive a TA1, 999, 277CA, MAO-001 and MAO-002 report.
  - Medicaid encounters may receive a TA1, 999 and a Validation report.

TA1 REPORT

- The TA1 report notifies the sender when there are issues with the interchange control structure.
  - A TA1 report will be sent only if there are syntax errors in the ISA header and IEA trailer.
  - If errors are found at this stage, the entire X12 interchange/submission will be rejected and no further processing will occur.
  - An “R” in the TA104 data element indicates a rejection due to syntactical errors.
  - The interchange note code states the specific error.
  - MMPs and other entities must correct the error and resubmit the interchange file.

TA1 REPORT

ISA*00* *00* *ZZ*80889 *ZZ*DSC9999 *100624*1430*^*00501*0000000001*0*T:~

TA1*0000000001*100624*1430*R*006

IEA*0*0000000001

R=Rejection due to syntactical error(s)

999 REPORT

- The 999 report provides MMPs and other entities information on whether the functional groups (GS/GE segment) were accepted or rejected.
  - Three (3) possible acknowledgement values will be in the IK5 and AK9 segments of the 999 report. They are:
    - “A” – Accepted
    - “R” – Rejected
    - “P” – Partially Accepted, At Least One Transaction Set Was Rejected

999 REPORT

ISA*00* *00* *ZZ*80889 *ZZ*DSC9999 *091006*1250*^*00501*000000001*0*T*:~

GS*FA*80889*DSC9999*20091006*1250*1234*X*005010X231A1~

ST*999*999000001*005010X231A1~

AK1*HC*135*005010X222A1~

AK2*837*000000135*005010X222A1~

IK5*A~

AK9*A*1*1*1~

SE*6*999000001~

GE*1*1234~

IEA*1*000000001~

A=Accepted
R=Rejected
P=Partially accepted. (At least one transaction set was rejected.)

277CA REPORT

- Medicare encounters will receive a 277CA report acknowledging accepted or rejected encounters using an Hierarchical Level (HL) structure.
- There are four levels of editing at the HL:
  - Information Source
  - Information Receiver
  - Billing Provider of Service
  - Beneficiary

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- If the encounter is accepted, an assigned 13 digit ICN will be located on the 277CA report in the 2200D REF segment.
- If the encounter is rejected at any of the HL, the entire encounter will be rejected and the MMP will need to resubmit the encounter until the 277CA states no errors were found.
  - The STC segment will provide information regarding the rejection.
    - The STC03 data element value will indicate:
      - “WQ” if the HL was accepted
      - “U” if the HL was rejected
        - STC01 will list the acknowledgement code if rejected

277CA REPORT-ACCEPTED

```
ISA*00* *00* *ZZ*80889 *ZZ*DSC9999 *091006*0818*^*00501*000000001*0*T*:~
GS*HN*80889*DSC9999*20091006*081844*2597723*X*005010X214~
ST*277*000000001*005010X214~
BHT*0085*08*12094*20090403*08052200*TH~
HL*1**20*1~
NM1*PR*2* PALMETTO GBA SOUTH CAROLINA*****46*80889~
TRN*1*808892012040300000 1~
DTP*050*D8*20091006~
DTP*009*D8*20091006~
HL*2*1*21*1~
NM1*41*2*MMPRUS*****46*DSC9999~
TRN*2*000090028~
STC*A1:19:PR*20091006*WQ*12223.87~
QTY*90*34~
QTY*AA*4~
AMT*YU*11626.18~
AMT*YY*597.69~
HL*3*2*19*1~
NM1*85*2*MASTERS CLINIC*****XX*987654321~
STC*A1:19:PR**WQ*90~
QTY*QA*1~
AMT*YU*90~
HL*4*3*PT~
NM1*QC*1*BENEFICIARY*IMA*Q***MI*123456789A~
STC*A2:20:PR*20090403*WQ*90~
REF*1K*0936600080451~
```

WQ=Accepted
U=Rejected

13 Digit ICN

277CA REPORT-REJECTED

```
ISA*00* *00* *ZZ*80889 *ZZ*DSC9999 *090403*0818*^*00501*000000001*0*T*:~
GS*HN*80889*DSC9999*20090403*081844*2597723*X*005010X214~
ST*277*000000001*005010X214~
BHT*0085*08*12094*20090403*08052200*TH~
HL*1**20*1~
NM1*PR*2* PALMETTO GBA SOUTH CAROLINA*****46*80889~
TRN*1*8088920120403000001~
DTP*050*D8*20090403~
DTP*009*D8*20090403~
HL*2*1*21*1~
NM1*41*2*MMPRUS*****46*DSC9999~
TRN*2*000090028~
STC*A1:19:PR*20090403*WQ*12223.87~
QTY*90*34~
QTY*AA*4~
AMT*YU*11626.18~
AMT*YY*597.69~
HL*3*2*19*1~
NM1*85*2*MASTERS CLINIC*****XX*987654321~
STC*A1:19:PR**WQ*90~
QTY*QA*1~
AMT*YU*90~
HL*4*3*PT~
NM1*QC*1*BENEFICIARY*IMA*Q***MI*123456789A~
STC*A7:681:IL*20090403*U*90~
DTP*479*D8*20090414~
```

U=Rejected
Reject Reason=A7:681

VALIDATION REPORT

- Medicaid submitters will receive a validation report once the front end editing process is complete.
- The validation report chronicles accepted and rejected records.
- If an encounter is accepted, a 13-digit ICN assigned to that encounter will be provided.

MEDICARE MAO-001 REPORT

- Encounter Data Duplicates Report
  - Edit 98325 will be received if there is a duplicate in the encounter.
  - If there are not any duplicate errors on the submitted encounter(s) an MAO-001 report will not be received.
  - Correct and resubmit only the encounters that received the 98325 edit.

Please note: Medicaid encounters will NOT receive an MAO-001 report.

MEDICARE MAO-002 REPORT

- Encounter Data Processing Status Report
  - Provides encounter and service line level information.
  - Two statuses at this level:
    - Accepted
      - If the ‘000’ header is “accepted” the overall encounter is accepted; however, there may be lines within the encounter that have been rejected.
    - Rejected
      - If the ‘000’ header is “rejected” the encounter is considered rejected and must be corrected and resubmitted.

Please note: Medicaid encounters will NOT receive an MAO-002 report.

MMP RETURN REPORTS MAP

	MEDICARE					MEDICAID				
	MMP PDE C80885	MMP RAPS C80883	MMP Medicare Part-A C80888	MMP Medicare Part-B C80889	MMP Medicare DME C80890	MMP Medicaid Part-A C80891	MMP Medicaid Part-B C80892	MMP Medicaid DME C80895	MMP Medicaid Dental C80893	MMP Medicaid NCPDP C80894
PDE Transaction Validation	X									
PDE Error Summary	X									
PDE Pace COV	X									
PDE Pace ENH	X									
PDE Pace OTC	X									
PDE Non-Pace COV	X									
PDE Non-Pace ENH	X									
PDE Non-Pace OTC	X									
PDE Account COV (40)	X									
PDE Account ENH (40)	X									
PDE Account OTC (40)	X									
PDE Receivable (41)	X									
PDE Reconcile (42)	X									
PDE Payable (43)	X									
PDE Phase 3	X									
PDE PRS	X									
PDE Accumulator	X									
PDE Part-D Potential Exclusion Warning	X									
PDE Part-D Exclusion	X									
RAPS Return Flat		X								
RAPS Error		X								
RAPS Summary		X								
RAPS Duplicate Dx		X								
RAPS Monthly		X								
RAPS Cumulative		X								
TA1			X	X	X	X	X	X	X	
999			X	X	X	X	X	X	X	
Validation/277CA			X	X	X	X	X	X	X	
MAO-001			X	X	X					
MAO-002			X	X	X					
NCPDP Validation										X

PLAN QUESTIONS and ANSWERS (Q & A)

Q & A

In what position on the NCPDP file will CMS populate the CMS assigned number for each claim?

The ICN will be populated in field 396 (Processor Specific Data) for each accepted claim.

Q & A

Is CMS expecting the value that was provided in Field 896 in the NCPDP PAH 4.2 pharmacy encounter file to be used for credit/debit transactions after the claim has been processed?

Field 896 is a situational field in the NCPDP Standard Post Adjudicated History Version 4.2. The plan will determine if this field is relevant to their submissions.

Q & A

Will CMS send back rejects on the NCPDP file for compounds under the DE or will we see the CD identifier starting in position 47?

Beginning in position 47, the possible values are DE, CD, or CE. Palmetto GBA will update the document to include a comment for the compound records.

Q & A

Will more than 1 response line be sent per claim on the NCPDP file if there are both detail and compound rejects?

Yes, each detail record and compound record submitted will be returned in the NCPDP Response Report.

Q & A

Does CMS/Palmetto perform compliance validation on 837 files received from ICOs for Medicaid services?

Syntactical edits are applied based on the TR3.

A list of edits can be found in the CMS edit spreadsheets on the CMS web site.

The spreadsheets can be sorted by 999R, 999E and 277T to identify the edits that may be applied.

Q & A

Does CMS/Palmetto perform compliance validation on 837 files received from ICOs for Medicare services?

Yes, Palmetto GBA does perform compliance validation on 837 files received from ICOs for Medicare services.

STATE QUESTIONS and ANSWERS (Q & A)

Q & A

If multiple encounters for a subscriber exists and rejecting a Medicaid claim, would all loops/segments pertaining to the encounter be rejected and therefore deleted from the file being sent to the State, starting with 2300:CLM up to the next 2300:CLM?

Syntactical edits are applied based on the TR3. A list of edits can be found in the CMS edit spreadsheets on the CMS web site. The spreadsheets can be sorted by 999R, 999E and 277T to identify the edits that may be applied.

Q & A

If rejecting a single Medicare encounter for a single subscriber, would all loops/segments pertaining to the encounter be rejected and therefore deleted from the file sent to the State, starting with the billing provider HL and up to the next HL (next subscriber or billing provider)?

The answer to this question depends on how the file is structured with the hierarchical levels.

Q & A

How will MMPs test with Medicare and State agencies on an end-to-end integration test?

CMS testing requirements for MMPs are published on the CSSCOperations web site. Palmetto GBA will work directly with individual States on end-to-end integration testing.

Q & A

What file naming conventions will be in place for data sent to the State agencies?

This is dependent upon the connectivity option the State agency uses to connect to Palmetto GBA.

Q & A

When will a test file be available to show State agencies the exact implementation of the interface between Medicare and State agencies?

Test files are currently being developed. Upon completion, a Listserv notification will be sent to CSSCOperations registered users.

Q & A

Will data rejected by Medicare be omitted from the data sent to State agencies?

Data rejected by the front-end system (translator/CEM) will be omitted from the data sent to the Encounter back-end data system, as well as to State agencies.

Q & A

Will Medicare require State agencies to respond to Medicare with an audit file? If so, in what format. Is this still necessary or required?

Yes, State agencies will be required to respond to the file they have sent. Palmetto GBA refers to this as a balance file and the format of this file is currently under development.

Q & A

With the exception of those fields referenced in sections 4.0 and 5.0, will the MMP use the State agencies provided companion guide for all remaining data elements?

MMPs will use the Companion Guide Addenda in conjunction with the Encounter Data Companion Guides (located on the CSSC Operations web site), as well as the Medicaid State assigned Companion Guides.

RESOURCES

RESOURCES

RESOURCE	TYPE OF INFORMATION	EMAIL/WEBSITE/LINK
Centers for Medicare and Medicaid Services (CMS)	MMP related information	www.cms.gov
Customer Service and Support Center (CSSC)	Companion Guides, Enrollment Applications MMP Listserv	www.csscoperations.com
Financial Alignment Initiative	State Demonstration Information	http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialModelstoSupportStatesEffortsinCareCoordination.html
MMP Program Inbox	MMP training questions	mmptraining@palmettogba.com
The Medicare-Medicaid Coordination Office (MMCO):	Questions on MMP submissions	mmcocapsmodel@cms.hhs.gov

CLOSING REMARKS

This presentation will be available on the CSSC Operations website.

Please continue to visit the website for future MMP webinars and information as it becomes available.

CLOSING REMARKS

To receive the latest information regarding the MMP program, please register for Listserv notifications via the CSSC Operations website.

If you have any questions about information in this webinar, please submit them to:

mmptraining@palmettogba.com

Thank you for attending today’s MMP webinar.