Medicare-Medicaid Encounter Data System

Standard Companion Guide for NCPDP Transaction Information

Instructions related to National Council for Prescription Drug Programs (NCPDP)

Transaction based on Post Adjudication History Detail Standard Implementation Guide Version 4.2

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Preface

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The Medicare-Medicaid Encounter Data System (MMEDS) NCPDP Companion Guide contains information to assist Medicare Medicaid Plans (MMPs) and other entities in the submission of Medicare-Medicaid Encounter data. Information in this MMEDS NCPDP Companion Guide reflects current decisions and may be subject to change. Each version of the MMEDS NCPDP Companion Guide is identified with a version number, which is located in the version control log on the last page of the document. Users should verify that they are using the most current version.

Questions regarding the contents of the MMEDS NCPDP Companion Guide should be directed to csscoperations@palmettogba.com.

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1 Introduction

1.1   Scope

The purpose of this Companion Guide is to provide MMPs and other entities with unique requirements of the MMEDS. This guide is intended for Medicaid NCPDP Additional Demonstration Drugs (ADD) only and must be used in conjunction with the NCPDP Post Adjudication History Detail Implementation Guide (IG) v4.2. The instructions in the NCPDP MMEDS Companion Guide are not intended for use as a stand-alone requirements document.

1.2   Overview

The MMEDS NCPDP Companion Guide includes information required to initiate and maintain communication exchange with CMS. The information is organized in the sections listed below:

- Contact Information: Includes telephone numbers and email addresses for MMEDS contacts.

- Testing and Certification: Describes the details of the testing and certification process MMPs must follow to become certified for production data submission.

- NCPDP Record Layout: Contains information required to create the Post Adjudication History Header, Detail and Trailer records in order for transactions to be supported by the MMEDS.

- Acknowledgements and Reports: Contains information for all transaction acknowledgements and reports sent by the MMEDS.

2 Contact Information

2.1   The Customer Service and Support Center (CSSC)

The Customer Service and Support Center (CSSC) personnel are available for questions from 8:00 AM – 7:00 PM EST, Monday - Friday, with the exception of federal holidays. MMPs and other entities are able to contact the CSSC by phone at 1-877-534-CSSC (2772) or by email at csscoperations@palmettogba.com.

2.2   Applicable Website/Email Resources

Contact CSSC Operations via Email at csscoperations@palmettogba.com for any MMP support related questions. You may also visit our website at www.csscoperations.com.

3 NCPDP Post Adjudication History Record Layout

3.1   Transmission Level

There are three record types required for a complete batch transmission. The batch file is comprised of one header record, one, or multiple detail record(s) for each claim encounter, and one trailer record. When applicable, one or multiple compound detail records for each claim encounter may exist. Each line within the file must not be greater than 512 bytes. Each complete detail or compound detail record may contain a total of more than 512 bytes in which case a line feed occurs resulting in a data wrap until the record is complete.

Note: When developing the Medicare-Medicaid data system, users should base their logic only on those records that provide specific details relevant to MMP data at the highest level of specificity.

First, consult the NCPDP Post Adjudication History Detail Standard v4.2 IG. Second, consult the MMEDS NCPDP Companion Guide. If there are options expressed in the NCPDP Post Adjudication Standard IG that are broader than the options identified in the MMEDS NCPDP Companion Guide, MMPs and other entities must use the rules identified in the Companion Guide.

3.2   Header Record

The purpose of the Post Adjudication History Header Record is to identify the record type, the sender, the recipient and creation time. All Header Record fields presented in the NCPDP Post Adjudication History Detail Standard v4.2 IG are mandatory. Table 3A presents only those fields that provide specific details relevant to MMP data.

TABLE 3A – HEADER RECORD

FIELD	FIELD NAME	POSITION	VALUE	NOTES/COMMENTS
6Ø1-Ø4	Record Type	1 – 2	PA	Post Adjudication History Header Record
1Ø2-A2	Version/Release Number	3 – 4	42	Version
879	Sending Entity Identifier	5 – 28		Submitter ID assigned by Palmetto GBA
8Ø6-5C	Batch Number	29 – 35		Must be a fixed length of seven (7) numbers
88Ø-K7	Receiver ID	48 – 71	80894	Payer ID

3.3   Detail Record

This section reviews the fields within the Post Adjudication History Detail Record. The Detail Record is a collection of fields that are populated to provide program oversight and payment reconciliation. Table 3B identifies only those fields that provide specific details relevant to MMP data.

TABLE 3B – DETAIL RECORD

FIELD	FIELD NAME	POSITION	VALUE	NOTES/COMMENTS
6Ø1-Ø4	Record Type	1 – 2	DE	Post Adjudication History Detail Record
267	Insurance Code	48 – 67		Medicare Health Insurance Claim Number (HICN)
3Ø4-C4	Date of Birth	761 – 768		Beneficiary's date of birth
24Ø	Contract Number	829 – 833		Contract number assigned by CMS to Identify the Plan
	Plan Benefit Package (PBP) ID	834 – 836		Three-digit code identifying the PBP
4Ø3-D3	Fill Number	1558 – 1559		Indicates the number of the current fill. Values = 0 - 99
343-HD	Dispensing Status	1579 – 1579		Provides the dispensing status of a prescription.

3.4   Trailer Record

The Post Adjudication History Trailer Record contains information to identify the totals of all reported claim encounters and provides a total record count of all records including the header and trailer. Table 3C identifies only those fields that provide specific details relevant to MMP data.

TABLE 3C – TRAILER RECORD

FIELD	FIELD NAME	POSITION	VALUE	NOTES/COMMENTS
6Ø1-Ø4	Record Type	1 – 2	PT	Post Adjudication History Trailer Record
6Ø1-Ø9	Total Record Count	3 – 12		Count of all records including the header and trailer
895	Total Net Amount Due	13 – 24		
694	Total Patient Pay Amount	37 – 48		

4 Acknowledgements and/or Reports

4.1   Validation Report

Each file received will go through front end editing. A Validation Report will be provided to the submitter of the data once the front end editing process is completed. This report will chronicle accepted and rejected records. If an encounter is accepted, the Validation Report will provide the ICN assigned to that encounter.

4.2   Report File Naming Convention

In order for MMPs and other entities to receive and identify the MMDFES acknowledgement reports (Validation Report), Specific report file naming conventions have been assigned. The file name ensures that the specific reports are appropriately distributed to each secure, unique mailbox.

TABLE 4A – MMDFES REPORT FILE NAMING CONVENTION

REPORT TYPE	FTP MAILBOX
Validation Report	RPT#####.RPT.NCPDP_VALIDATION

5 Testing and Certification

MMPs will be required to submit test files to ensure the submitter's systems are properly configured for data submission. Prior to exchanging production transactions, each plan must complete testing to become certified. This process allows MMPs to confirm that the CMS operational guidance has been properly programmed within the submitter's systems. A test file will need to be submitted for NCPDP data containing 25 encounters and must pass 100% of the front end edits. (**Note:** MMPs must first enroll to submit MMP data before any testing occurs.)

MMEDS Acronyms

The MMEDS Acronym Table below outlines a list of acronyms that are currently used in MMEDS documentation, materials, and reports distributed to MMPs and other entities. This list is not all-inclusive and should be considered a living document; as acronyms will be added, as required.

MMEDS ACRONYMS

ACRONYM	DEFINITION
A	
ASC	Ambulatory Surgery Center
C	
CAH	Critical Access Hospital
CARC	Claim Adjustment Reason Code
CAS	Claim Adjustment Segments
CC	Condition Code
CCI	Correct Coding Initiative
CCN	Claim Control Number
CEM	Common Edits and Enhancement Module
CMG	Case Mix Group
CMS	Centers for Medicare & Medicaid Services
CORF	Comprehensive Outpatient Rehabilitation Facility
CPO	Care Plan Oversight
CPT	Current Procedural Terminology
CRNA	Certified Registered Nurse Anesthetist
CSC	Claim Status Code
CSCC	Claim Status Category Code
CSSC	Customer Service and Support Center
D	
DME	Durable Medical Equipment
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
DMERC	Durable Medical Equipment Carrier
DOB	Date of Birth
DOD	Date of Death
DOS	Date(s) of Service
E	
E & M or E/M	Evaluation and Management
EDDPPS	Encounter Data DME Processing and Pricing Sub-System
EDFES	Encounter Data Front-End System
EDI	Electronic Data Interchange
EDIPPS	Encounter Data NCPDP Processing and Pricing Sub-System
EDPPPS	Encounter Data Professional Processing and Pricing Sub-System
EDPS	Encounter Data Processing System
MMEDS	Encounter Data System
EIC	Entity Identifier Code

ACRONYM	DEFINITION
EODS	Encounter Operational Data Store
ESRD	End Stage Renal Disease
F	
FFS	Fee-for-Service
FQHC	Federally Qualified Health Center
FTP	File Transfer Protocol
FY	Fiscal Year
H	
HCPCS	Healthcare Common Procedure Coding System
HHA	Home Health Agency
HICN	Health Information Claim Number
HIPAA	Health Insurance Portability and Accountability Act
HIPPS	Health Insurance Prospective Payment System
I	
ICD-9CM/ICD-10CM	International Classification of Diseases, Clinical Modification (versions 9 and 10
ICN	Interchange Control Number
IRF	Inpatient Rehabilitation Facility
M	
MAC	Medicare Administrative Contractor
MAO	Medicare Advantage Organization
MMP	Medicare-Medicaid Plan
MTP	Multiple Technical Procedure
MUE	Medically Unlikely Edits
N	
NCD	National Coverage Determination
NDC	National Drug Codes
NPI	National Provider Identifier
NCCI	National Correct Coding Initiative
NOC	Not Otherwise Classified
NPPES	National Plan and Provider Enumeration System
O	
OCE	Outpatient Code Editor
OIG	Officer of Inspector General
OPPS	Outpatient Prospective Payment System
P	
PACE	Program for All-Inclusive Care for the Elderly
PHI	Protected Health Information
PIP	Periodic Interim Payment
POA	Present on Admission
POS	Place of Service
PPS	Prospective Payment System
R	
RAP	Request for Anticipated Payment

ACRONYM	DEFINITION
RHC	Rural Health Clinic
RPCH	Regional Primary Care Hospital
S	
SNF	Skilled Nursing Facility
T	
TCN	Transaction Control Number
TOB	Type of Bill
TOS	Type of Service
TPS	Third Party Submitter
V	
VC	Value Code
Z	
ZIP Code	Zone Improvement Plan Code

REVISION HISTORY

VERSION	DATE	DESCRIPTION OF REVISION
1.0	1/24/2013	Baseline Version