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 (LOA) 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

CSSCOPERATIONS.COM HOMEPAGE

CSSCOPERATIONS.COM HOMEPAGE

ENROLLMENT PROCESS

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 MMPs

- 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.

Continue >>

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.

MMP SYSTEM FLOW DIAGRAMS

MMP SYSTEM FLOW DIAGRAMS

MMP SYSTEM FLOW DIAGRAMS

STATE AGENCY INFORMATION

STATE AGENCY WELCOME PACKET

STATE AGENCY WELCOME PACKET

STATE AGENCY WELCOME PACKET

Electronic Data Interchange (EDI)

Medicare Encounter Data

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State Agency Information

Training

Prescription Drug Event

Risk Adjustment Processing System

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)

Please note the following for submission and receipt of Medicare-Medicaid Data:

- A CMS ISA must be completed by each State and kept on file with CSSC, prior to submitting and receiving Medicare-Medicaid Data. The agreement must be signed by an authorized agent of the State and returned to CSSC Operations at the address provided.

- A state code will be assigned by CSSC Operations for ongoing submission and retrieval of Medicare-Medicaid Data. 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

STATE AGENCY WELCOME PACKET

- A CMS Interconnection Security Agreement (ISA) must be completed by States who are submitting data via the original flow prior to submitting and receiving Medicare-Medicaid Data.

- The ISA must be signed by an authorized agent of the State and returned to CSSC Operations.

- States submitting data via the alternate flow will not need to complete an ISA.

STATE AGENCY WELCOME PACKET

If applicable, completed CMS ISA and State Agency Connect:Direct Application Forms must be returned 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 three submission options:
    - Secure File Transfer Protocol (SFTP)
    - Connect: Direct/NDM
    - Gentran

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

Please note: Gentran is an option for Medicare-Medicaid Data submitters on a case by case basis.

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.

SUBMISSION DATE REQUIREMENTS

- CMS has begun to release more specific submission date requirements for MMPs.

- This information is being released on a State by State basis.

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

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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

COMPANION GUIDES

Search

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Plans Frequently Asked Questions

CSSC Operations / Medicare Medicaid Plans / Companion...

Medicare Medicaid Plans
Companion Guides

MMP 837I Companion Guide Addendum	12/22/2014
MMP 837P Companion Guide Addendum	12/22/2014
MMP Dental Companion Guide	12/22/2014
MMP DME Companion Guide Addendum	12/22/2014
MMP NCPDP Companion Guide	11/07/2014

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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

277CA Report

- 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*8088920120403000001~
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

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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

On the PDE record, the amount fields allow for a sign character (+ or -). Are there times that it would be appropriate to submit a negative amount?

Negative amounts are allowed in the Non-Covered Plan Paid Amount field (NPP) and in the Patient Liability Reduction due to Other Payer Amount field (PLRO).

See PDE Training Module 7 Calculating and Reporting Enhanced Alternative Benefit and Module 8 – Edits.

Q & A

Why would CMS require plans to submit PDE data more frequently than monthly?

CMS requires sponsors to submit original PDEs within 30 days following Date Claim Received or Date of Service, whichever is greater.

CMS also has required timeframes for resolving rejected PDEs and submitting adjusted and deleted PDEs.

Sponsors should review the October 6, 2011 Health Plan Management System (HPMS) memorandum on timely submission of PDE data.

Q & A

What is a diagnosis cluster?

A diagnosis cluster contains the core information regarding each diagnosis submitted by a Medicare Advantage Organization (MAO). The following components are included in the cluster:

Provider Type

From Date

Through Date

Delete Indicator

Diagnosis Code

Q & A

What is the limit for the number of files that can be sent in a day for PDE?

The limit for PDE submissions is 3 million files per file, 99 files per cycle.

Q & A

I am a plan needing to enroll to submit MMP data and will be utilizing the services of a third party submitter to submit some or all of the MMP data on our behalf. What needs to be stated on the letter of authorization?

The LOA must indicate which entity (plan or submitter) will submit for each line of business under MMP (RAPS, PDE, Medicare Encounter Parts A, B, DME, Medicaid Encounter Parts A, B, DME, Dental, and NCPDP).

If a third party submitter is being utilized to submit MMP PDE data on behalf of the plan, the LOA must also indicate how to delegate the PDE daily and monthly reports (returned to the Plan, submitter or both).

STATE QUESTIONS and ANSWERS (Q & A)

Q & A

It is our understanding that we will not receive any cross-over claims, is that correct?

Crossover claims are not part of this demonstration.

Q & A

Will demonstration plan Medicaid encounters be edited at all by CMS?

Palmetto GBA will check for the file format and integrity only.

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

We would like to clarify if Palmetto will be sending accepted transactions (both paid and denied) or approved transactions (paid only)?

Palmetto GBA will pass accepted transactions that are received from the MMPs; both paid and denied encounters.

Guidance has been provided through HPMS memos regarding the submission of paid and denied claims.

Q & A

Will data sent to State agencies, be separated by submitting plan? Either they will send a consolidated file or will send separate files per submitter. Presuming they will send a consolidate single file per day, where the data is identified at a high level loop per submitter. Please confirm if this is the case and where the iteration will be based (loop-wise).

Data is identified by submitter and plan ID; however, files will be separated by Payer Code. Palmetto GBA will be sending a consolidated single file per day.

Within this file, data will be identified by Submitter ID in the ISA segment, within this envelope the unique Plan ID is identified in the 2010 BB Loop, Ref 2U segment.

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.

Revision History

- 07/25/2016 – Slide 31: Update to include Gentran submission option