Medicare-Medicaid Encounter Data System

Addendum to Encounter Data Submission and Processing Guide and State assigned Medicaid Companion Guides

Instructions related to the 837 Health Care Claim: Institutional Transaction based on ASC X12 Technical Report Type 3 (TR3), Version 005010X223A2

Version Number: 16.0
Created: October 2021

Preface

Preface

The Medicare-Medicaid Encounter Data System (MMEDS) Addendum contains information to assist Medicare Medicaid Plans (MMPs) and other entities in the submission of Medicare-Medicaid Encounter data. Information in this MMEDS addendum reflects current decisions and may be subject to change. Each version of the MMEDS addendum is identified with a version number, which is 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 addendum should be directed to csscoperations@palmettogba.com.

Contents

1.0 Introduction

The purpose of this addendum is to provide MMPs and other entities with unique requirements of the MMEDS to be used in conjunction with the Encounter Data Submission and Processing Guide and your State assigned Medicaid Companion Guides.

2.0 Website/Email Resources

Contact CSSC Operations at 1-877-534-2772 or csscoperations@palmettogba.com for any MMP support related questions. You may also visit our website at www.csscoperations.com.

3.0 Testing Requirements

MMPs will be required to submit test files to ensure the submitter's systems are properly configured for data submission. Before 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 in their systems. A test file will need to be submitted containing 25 encounters and must pass 100% of the front end edits. 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.

4.0 Control Segments

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
ISA		Interchange Control Header		
	ISA06	Interchange Sender ID		Submitter ID assigned by Palmetto GBA
	ISA08	Interchange Receiver ID	80888	Medicare
			80891	Medicaid

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
GS		Functional Group Header		
	GS02	Application Sender's Code		Submitter ID assigned by Palmetto GBA This value must match the value in ISA06
	GS03	Application Receiver's Code	80888	Medicare
			80891	Medicaid

5.0 837 Institutional Data Elements

The data elements in Section A3A.3 of Appendix 3A. MA Companion Guide: CMS' Supplemental Instructions will apply with thefollowing exceptions:

LOOP ID	REFERENCE	NAME	CODES	NOTES/COMMENTS
1000A	NM1	Submitter Name		
	NM109	Submitter Identifier		Submitter ID assigned by Palmetto GBA
1000B	NM1	Receiver Name		
	NM103	Receiver Name		MMEDSCMS
	NM109	Receiver ID	80888	Medicare
			80891	Medicaid
2000B	SBR	Subscriber Information		
	SBR01	Payer Responsibility Number Code	S	MMEDSCMS is considered the destination (secondary) payer
	SBR09	Claim Filing Indicator Code	MA	Medicare Part A
			MC	Medicaid
2010BA	NM1	Subscriber Name		
	NM108	Subscriber ID Qualifier	MI	Must be populated with a value of MI – Member Identification Number
	NM109	Subscriber Primary Identifier		This is the subscriber's Medicare Beneficiary Identifier (MBI) number. Must match thevalue in Loop 2330A, NM109)
2010BB	NM1	Payer Name		
	NM103	Payer Name		MMEDSCMS
	NM109	Payer Identification	80888	Medicare
			80891	Medicaid
2010BB	REF	Billing Provider Secondary Identification		
	REF01	Medicaid Subscriber ID Identifier	G2	
	REF02	Medicaid Subscriber ID Number		Medicaid State Assigned Identification Number
2300	REF	Payer Claim Control Number		
	REF01	Original Reference Number	F8	
	REF02	Payer Claim Control Number		Identifies ICN from original encounter when submitting adjustments
2320	AMT	Payer Paid Amount		
	AMT01	Amount Qualifier	D	Must be populated with a value of D – Payer Amount Paid
	AMT02	Payer Paid Amount		Medicare-Medicaid Plan paid amount

6.0 Processing Reports

The information in Section 4.4 of the Encounter Data Submission and Processing Guide will apply with the exception of Medicaid encounter files. These files will not receive the MAO-001 or MAO-002 reports.

7.0 Medicaid Edits

MMP Medicaid encounters are processed by a commercial off the shelf (COTS) EDI translator. The translator analyzes the Interchange Control Structure (ISA-IEA envelope) for syntactical accuracy.

The CMS 5010 Edit Spreadsheet (accessible on the CSSC Operations website) provides documentation regarding the edit rules and the associated logic. Only TA1, 999R and 277T edits apply and are identified in the columns labeled “TA1/999/277CA” and “Accept/Reject”.

8.0 Medicaid Data Elements

Refer to your State assigned companion guide for data element specifications with the exception of the data elements specified in Sections 4.0 and 5.0 of this addendum.

REVISION HISTORY

VERSION	DATE	DESCRIPTION OF REVISION
1.0	11/14/2013	Baseline Version
2.0	12/12/2013	Updated table in Section 5.0 – Changed segment from NM103 to NM108 in the 2010BA loop
		Removed EDFES notifications from table in Section 7.0
		Changed MMEDSCMS acronym to EDSCMS acronym in Section 8.0
3.0	07/02/2014	Updated Testing Requirements, Section 10.0 to include requirements when a file contains more than 25 files
4.0	09/08/2014	Added the 2010BB REF segment to the 837 Institutional Data Elements table; Section 5.0
		Updated Testing Requirements, Section 10.0 to exclude the 837 type (i.e. 837I)
5.0	11/05/2014	Corrected the term “validation” to “277CA” in Section 6.0; page 5
6.0	12/09/2014	Inserted Medicaid Edits (section 9.0). Moved the two existing sections below this point to 10.0 and 11.0. Updated the Table of Contents to reflect this change
7.0	01/20/2015	Under EDFES Notifications (section 8.0), removed "Date of service cannot be before 2011. Files cannot be submitted with a date of service before 2011."
8.0	02/04/2015	Updated the hyperlink within section 1.0
		Added 2320 AMT information to table in section 6.0
9.0	03/31/2015	Added 2300 Payer Claim Control Number information to table in section 6.0
10.0	05/06/2015	Updated the fourth sentence of section 4.0 by removing “for Institutional data” from the sentence.
11.0	07/06/2015	Updated sections 3.0 and 7.1 to show that Gentran/TIBCO is valid for use
12.0	08/19/2015	Added Gentran/TIBCO/MFT naming conventions to sections 5.0 and 9.0
		Corrected reference in section 3.0 by removing “DME”
13.0	09/04/2015	Updated the hyperlink in Section 11.0
14.0	11/03/2015	Removed the Tier-II testing exception from Section 4.0
15.0	04/22/2016	Inserted section 8.0 to note the special handling of Loop 2330B - Other Payer Secondary Identifier and REF01/REF02 segments.

VERSION	DATE	DESCRIPTION OF REVISION
16.0	10/1/2021	Title changed from Addendum to Encounter Data System Companion Guide and State assigned Medicaid Companion Guides. Replaced references to the 837P DME Encounter Data System Companion Guide to Encounter Data Submission and Processing Guide or the Medicare Advantage and Part D Communications Handbook in most sections. Removed the "Connectivity", "File Submission", "Loop 2330B – REF01 Segment", "Report File Naming Conventions", "EDFES Notifications" and "Business Scenarios" sections. Renamed "Acknowledgements and Reports" to "Processing Reports".