



Medicare-Medicaid Coordination Office

DATE: October 24, 2013

TO: States and Medicare-Medicaid Plans participating in the Capitated Financial Alignment demonstration

FROM: Sharon Donovan
Director, Program Alignment Group, Medicare-Medicaid Coordination Office

SUBJECT: Additional Information on Reporting of Encounter Data by Medicare Medicaid Plans (MMPs) - INFORMATION

On July 26, 2013 we issued an HPMS memo “Preliminary Guidance for the Reporting of Encounter Data.” This memo provides some additional technical information.

Website for Technical Requirements

Documentation for the submission of encounter data for MMPs will be posted under the “Medicare-Medicaid Plans” tab on the Customer Support and Front End Systems Collection and Processing CSSC Operation website. As new documents are finalized the site will be updated. The site is :

<http://www.csscooperations.com>

Additional Clarifications On Encounter Reporting:

- 1) The MMPs must submit the both the Medicare and Medicaid files in the following formats :
 - ASC X12N/005010X222 Health Care Claim Reporting (837): Professional
 - ASC X12N/005010X223 Health Care Claim Reporting (837): Institutional
 - ASCX12N/005010X224 Health Care Claim Reporting (837): Dental (Medicaid Only)
 - NCPDP Post Adjudicated for Medicaid Additional Demonstration Drugs (ADD)

- 2) CMS is requiring the MMPs to report amounts paid on each encounter claim, regardless if the reimbursement for the contracted provider is on a DRG, per diem, variable per

diem, flat, capitated, percent or other type of basis. Within the 837 reporting, the Contract Information segment (CN1) will be required to specify data about the contract for both the Medicare and Medicaid files.

- 3) Any Medicaid dental encounter needs to be submitted via an 837D. Any Medicare covered dental service (e.g. oral surgery) will continue to be submitted as an 837P.
- 4) Medicaid drug encounter data will be reported using the NCPDP Post Adjudication Standard, which is also the industry standard.
- 5) In addition to encounter data, MMPs must still submit Prescription Drug Events (PDE) files to CMS for Medicare Part D covered drugs, and Medicare Risk Adjustment Processing System (RAPS) Data to support Medicare risk adjustment beginning 90 days of the first day of the Plan Enrollment effective date. Additional information on the submission process is available on the CSSC Operations web site at www.csscooperations.com.
- 6) After careful consideration, we will not require MMPs to submit encounter data on denied claims, as was initially indicated in our memo, dated July 26, 2013.

If you have any questions, please contact our resource mailbox at MMCOcapsmodel@cms.hhs.gov.