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# 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 [cssoperations@palmettogba.com](mailto:cssoperations@palmettogba.com).

## Table of Contents

1	Introduction .....	4
1.1	Scope.....	4
1.2	Overview.....	4
2	Contact Information.....	4
2.1	The Customer Service and Support Center (CSSC) .....	4
2.2	Applicable Website/Email Resources .....	4
3	NCPDP Post Adjudication History Record Layout .....	5
3.1	Transmission Level .....	5
3.2	Header Record.....	5
3.3	Detail Record .....	5
3.4	Trailer Record .....	6
4	Acknowledgements and/or Reports .....	6
4.1	Validation Report .....	6
4.2	Report File Naming Convention.....	7
5	Testing and Certification .....	7
	MMEDS Acronyms.....	8

# 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 [csscooperations@palmettogba.com](mailto:csscooperations@palmettogba.com).

## 2.2 Applicable Website/Email Resources

Contact CSSC Operations via Email at [csscooperations@palmettogba.com](mailto:csscooperations@palmettogba.com) for any MMP support related questions. You may also visit our website at [www.csscooperations.com](http://www.csscooperations.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. Each record should be a length of 3,700 bytes.

**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
601-04	Record Type	1 – 2	PA	Post Adjudication History Header Record
102-A2	Version/Release Number	3 – 4	42	Version
879	Sending Entity Identifier	5 – 28		Submitter ID assigned by Palmetto GBA
806-5C	Batch Number	29 – 35		Must be a fixed length of seven (7) numbers
880-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
601-04	Record Type	1 – 2	DE	Post Adjudication History Detail Record

FIELD	FIELD NAME	POSITION	VALUE	NOTES/COMMENTS
267	Insurance Code	48 – 67		Medicare Health Insurance Claim Number (HICN)
304-C4	Date of Birth	761 – 768		Beneficiary's date of birth
240	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
403-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
601-04	Record Type	1 – 2	PT	Post Adjudication History Trailer Record
601-09	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
<b>A</b>	
<b>ASC</b>	Ambulatory Surgery Center
<b>C</b>	
<b>CAH</b>	Critical Access Hospital
<b>CARC</b>	Claim Adjustment Reason Code
<b>CAS</b>	Claim Adjustment Segments
<b>CC</b>	Condition Code
<b>CCI</b>	Correct Coding Initiative
<b>CCN</b>	Claim Control Number
<b>CEM</b>	Common Edits and Enhancement Module
<b>CMG</b>	Case Mix Group
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>CORF</b>	Comprehensive Outpatient Rehabilitation Facility
<b>CPO</b>	Care Plan Oversight
<b>CPT</b>	Current Procedural Terminology
<b>CRNA</b>	Certified Registered Nurse Anesthetist
<b>CSC</b>	Claim Status Code
<b>CSCC</b>	Claim Status Category Code
<b>CSSC</b>	Customer Service and Support Center
<b>D</b>	
<b>DME</b>	Durable Medical Equipment
<b>DMEPOS</b>	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies
<b>DMERC</b>	Durable Medical Equipment Carrier
<b>DOB</b>	Date of Birth
<b>DOD</b>	Date of Death
<b>DOS</b>	Date(s) of Service
<b>E</b>	
<b>E &amp; M or E/M</b>	Evaluation and Management
<b>EDDPPS</b>	Encounter Data DME Processing and Pricing Sub-System
<b>EDFES</b>	Encounter Data Front-End System
<b>EDI</b>	Electronic Data Interchange
<b>EDIPPS</b>	Encounter Data NCPDP Processing and Pricing Sub-System
<b>EDPPPS</b>	Encounter Data Professional Processing and Pricing Sub-System
<b>EDPS</b>	Encounter Data Processing System
<b>MMEDS</b>	Encounter Data System
<b>EIC</b>	Entity Identifier Code



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

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

### REVISION HISTORY

VERSION	DATE	DESCRIPTION OF REVISION
1.0	1/24/2014	Baseline Version
2.0	2/24/2014	NCPDP record length was changed in Section 3.1