



## 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 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 from the MMP authorizing third party to submit on their behalf (if applicable)

Please visit [www.cssoperations.com](http://www.cssoperations.com) and select Medicare-Medicaid Plans in order to access the Enroll to Submit Medicare-Medicaid Plans Data link.

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Risk Adjustment Processing System

## Third Party Administrator

Looking for Third Party Administrator?  
Follow the link below to access the  
website.

[www.TPAdministrator.com](http://www.TPAdministrator.com)

## Welcome to CSSC Operations

The CSSC website is the gateway to Medicare Advantage, Medicare-Medicaid Data and Prescription Drug Programs. Visitors to the site can access information about Risk Adjustment, Encounter Data, Medicare-Medicaid Data and Prescription Drug Programs; including opportunities to enroll to submit data and obtain comprehensive information about data submission and reporting. In addition, the site provides valuable links to CMS instructions and other official resources.



## News

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[MMP NCPDP Companion Guide](#)

### Prescription Drug Event

[PDE Monthly Reports Status](#)

## System Status

**All systems are operational and  
distribution of reports are current.**

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### System Status

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## Medicare-Medicaid Plans

### Enroll to Submit Medicare-Medicaid Data

Welcome to the Customer Service and Support Center (CSSC) for Medicare-Medicaid Plans (MMP) Organizations submitting Medicare-Medicaid Data. The CSSC and the Front End System (FES) look forward to working with you in all aspects of the submission of Medicare-Medicaid Data.

[Medicare-Medicaid Welcome Packet](#)



03/11/2014

# ENROLLMENT PROCESS

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Welcome...

## Medicare-Medicaid Plans

### Medicare-Medicaid Welcome Packet

Welcome to the Customer Service and Support Center (CSSC) for Medicare-Medicaid Plans (MMP) Organizations submitting Medicare-Medicaid Data. The CSSC and the Front End System (FES) look forward to working with you in all aspects of the submission of Medicare-Medicaid Data.

The following information must be completed and sent to the CSSC for enrollment for the submission of Medicare-Medicaid Data:

- [EDI Agreement for Medicare-Medicaid Data collection](#)
- [Online Submitter Application](#)
- [Medicare-Medicaid Connect:Direct Application Form](#)



# 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:	<input type="radio"/> NDM/Connect:Direct <input type="radio"/> FTP <input checked="" type="radio"/> 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.	<input type="text" value="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.

# SUBMISSION OPTIONS

# SUBMISSION OPTIONS

- CMS connectivity must be established
- There are two submission options:
  - Secure File Transfer Protocol (SFTP)
  - Connect: Direct/NDM

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

**Please note: GENTRAN is NOT an option for Medicare-Medicaid Data submitters.**

# 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.



# 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

# 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

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## Medicare-Medicaid Plans Companion Guides

<a href="#">MMP NCPDP Companion Guide</a>		03/04/2014
<a href="#">MMP Dental Companion Guide</a>		01/10/2014
<a href="#">MMP 837I Companion Guide Addendum</a>		12/16/2013
<a href="#">MMP 837P Companion Guide Addendum</a>		12/16/2013
<a href="#">MMP DME Companion Guide Addendum</a>		12/16/2013

# 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 (continued)

- 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

# 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\*OC\*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.**



# QUESTIONS and ANSWERS (Q & A)

# Q & A

## **What is the naming convention that MMPs use for Medicaid data submissions?**

- For Connect:Direct - Naming conventions (dataset names) are published on the CSSC Operations website within the Connect:Direct application.
- For SFTP - Naming conventions for Medicaid data submissions are defined by the submitter.



# Q & A

**For Medicaid, will ISA08 equal GS03?**

– Yes, ISA08 will equal GS03.

# Q & A

**How long after Medicare receipt of submitted MMP encounter data will it take to post the data to the State?**

- Palmetto GBA will send/push files on a daily basis.

# Q & A

**Are there any circumstances in which the Palmetto GBA front end system will make any changes to data submitted by MMP submitters?**

- No. Palmetto GBA will not make changes to the data submitted by MMP submitters.

# Q & A

## **Will data sent to the State consist of data submitted by multiple MMPs in a single consolidated file?**

- 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.
  - The unique Plan ID is identified in the 2010BB Loop, REF 2U segment.

# Q & A

## **What is the format of the Validation Response Report? Is it different from 277CA?**

- The Validation Response Report will be in the format of a 277CA Report.

# Q & A

**When Palmetto GBA creates the file of accepted Medicaid claims to send to the state, will Palmetto GBA be placing the MCO provided claim identifier in the CLM01 or will they be sending a Palmetto GBA assigned ICN?**

- Any data populated in the CLM01 will, on accepted Medicaid claim files, be passed to the state. Palmetto GBA will send the ICN assignment in the 2330B Loop REF segment with an FY qualifier in the 837 delimited file sent to the state.

# Q & A

**Are the Medicare and Medicaid encounter transmissions to Palmetto GBA independent of each other, i.e., if one rejects at Palmetto GBA and the other does not do both have to be remediated or only the rejected one?**

- The systems are separate, therefore, when the encounters are submitted they are separated. The Medicare encounters are not dependent or related once they move into the system. Only the rejected encounters have to be corrected and resubmitted.

# Q & A

**When a Medicaid MMP encounter is accepted by Palmetto GBA and sent on to the state where it is rejected, how should the MCO remediate the encounter?**

- The Medicaid encounter rejected by the state should be sent as an adjustment with the original Palmetto GBA ICN assignment.



# Q & A

**When there is only a Medicaid benefit (no Medicare benefit) does Palmetto GBA want the encounter submitted in the Medicare file?**

– The answer is no.

# Q & A

## **When will we receive guidance surrounding integrated testing with Palmetto GBA and the various states?**

- There is no integrated testing between the plan, the various state agencies and Palmetto GBA.
- However, once the MMP has been certified by Palmetto GBA to submit encounter data, we strongly recommend notifying your state contact of your intent and readiness to submit encounters. This will avoid any potential conflicts in the encounter data process, especially in a situation where the MMP is ready to submit, but the state's system may not yet be ready to receive the encounter data.

# Q & A

**Is the enrollment to become a submitter relevant to an MMP enrollment broker who will be submitting batch transaction files to CMS to enroll MMP beneficiaries?**

– The answer is no it is not.

# RESOURCES

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RESOURCE	TYPE OF INFORMATION	EMAIL/WEBSITE/LINK
Centers for Medicare and Medicaid Services (CMS)	MMP related information	<a href="http://www.cms.gov">www.cms.gov</a>
Customer Service and Support Center (CSSC)	Companion Guides, Enrollment Applications MMP Listserv	<a href="http://www.csscooperations.com">www.csscooperations.com</a>
Financial Alignment Initiative	State Demonstration Information	<a href="http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialModelstoSupportStatesEffortsInCareCoordination.html">http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialModelstoSupportStatesEffortsInCareCoordination.html</a>
MMP Program Inbox	MMP training questions	<a href="mailto:mmpttraining@palmettogba.com">mmpttraining@palmettogba.com</a>
The Medicare-Medicaid Coordination Office (MMCO):	Questions on MMP submissions	<a href="mailto:mmcocapsmodel@cms.hhs.gov">mmcocapsmodel@cms.hhs.gov</a>

# 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](mailto:mmptraining@palmettogba.com)

**Thank you for attending today's MMP webinar.**