Medicare Advantage & Part D Communications Handbook

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The *Medicare Advantage Communications Handbook* is subject to change. Updated versions of this handbook and other Electronic Data Interchange (EDI) related documents will be published on the Customer Service Support Center (CSSC) Operations website at This link routes the user to the CSSC Operations website at www.csscoperations.com.

OVERVIEW: ESTABLISH CONNECTIVITY & TRANSFER FILES

- Organizations contact CMS' approved Network Service Vendors to establish connectivity with Palmetto GBA's secure network.
- Medicare Advantage Organizations (MAOs) and other entities submit data over the CMS Extranet, a secure, encrypted, virtual private Network.
- Organizations with less than 100,000 enrolled members are allowed to connect directly to CMS.

Once connectivity is established:
- Organizations submit required documents to Palmetto GBA to obtain security access credentials.
    - o Submitter ID
    - o User ID
    - o Passwords
- Testing and certification is required.

UNDERSTANDING THE GOVERNMENT PROGRAM NETWORK (GPNET)

Introduction and Recommended Software

GPNet is the EDI gateway to the Front-End System (FES). GPNet supports file transfers via Connect:Direct, also known as Network Data Mover (NDM), and through a Network Service Vendor (NSV). Specifications on these options are included later in this handbook.

PK-ZIP® software version 14+ is recommended and is a licensed product of PKWARE, Inc. This handbook references materials from the PK-Zip Read Me File.

Microsoft Internet Explorer® version 8.0 or higher is recommended and is a licensed product of Microsoft Corporation.

Any other software referenced within this handbook is licensed or copyrighted by their respective companies and is for informational purposes only.

Submission Information

The GPNet platform currently supports version 5010A1/A2, 5010 of the Accredited Standards Committee (ASC) X12 837 claim submission, the National Council for Prescription Drug Programs (NCPDP) Post Adjudication Standard, version 4.2, Risk Adjustment (RA) and Prescription Drug Event (PDE) data.

The GPNet platform is available 24 hours a day, seven days a week, with the exception of scheduled maintenance performed on Sundays. If the editing system is not available, the user may still upload a file to GPNet. As soon as the editing system resumes processing, files in GPNet will be edited. The response files will be generated and accessible for retrieval within two business days.

A 999 Functional Acknowledgement report will be returned upon completion of initial editing of an ASC X12 file. If the file is accepted, a 277CA (Claim Acknowledgement) or a Dental Validation Report will also be generated. A front-end response report will be returned to the submitter upon completion of initial editing of an NCPDP, RA, or PDE file.

Who to Contact

If there are any questions regarding the GPNet platform, please contact CSSC Operations Help Desk at 877-534-2772 or by email at csscoperations@palmettogba.com.

FILE PROCESSING

To ensure files are processed correctly, please include the following information in the appropriate fields applicable to the file type being submitted.

Encounter Data (submitted in ASC X12 837 - Version 5010 format)

Table 1: ASC X12 837 - Version 5010 Data Elements Required to Identify Submitter & Type of Encounter Data Record

Field	Required Data Elements
ISA06 GS02	Enter Submitter ID assigned
ISA08 GS03 1000B / NM109 2010BB / NM109	Enter the appropriate Payer ID (see Payer ID chart below)
ISA13	Please ensure the **nine-digit File ID** field is a **unique number** that has not been submitted within the past 12 months
ISA15	Enter **T** when submitting a test encounter file Enter **P** when submitting a production encounter file
GS08	**Institutional Claims (Part A) -** Enter **005010X223A2** when submitting an encounter file **Professional Claims (Part B) -** Enter **005010X222A1** when submitting an encounter file **Dental -** Enter **005010X224A2** when submitting a dental encounter

Payer ID Information

Table 2: Required Payer ID Information

Medicare Advantage Encounter Data Files	Payer ID
Part A	80881
Part B	80882
DME (Durable Medical Equipment)	80887

Medicare-Medicaid Plan Encounter Data Files	
Medicare	**Payer ID**
Part A	80888
Part B	80889
DME	80890
Medicaid	**Payer ID**
Part A	80891
Part B	80892
Dental	80893
DME	80895

RAPS Data (CMS' proprietary abbreviated format)

Table 3: RAPS Data Elements Required to Identify the Submitter and Type of RAPS File

Record ID	Field	Required Data Elements
AAA	2	Enter Submitter ID assigned
AAA	3	Please ensure the **ten-digit File ID** field is a **unique number** that has not been submitted within the past 12 months
AAA	5	Enter **TEST** when submitting a test RA file Enter **CERT** when submitting a certification RA file Enter **PROD** when submitting a production RA file

NCPDP Post Adjudication - Version 4.2

Table 4: NCPDP Post Adjudication - Version 4.2 Required Data Elements

Field	Required Data Elements
6Ø1-Ø4	PA
1Ø2-A2	42
879	Enter Submitter ID assigned
8Ø6-5C	Batch Number (must be fixed length of seven numbers)
88Ø-K7	80894
702-MC	Enter **T** when submitting a test NCPDP file Enter **P** when submitting a production NCPDP file

Prescription Drug Event (PDE)

Table 5: PDE Required Data Elements

Record ID	Field	Required Data Elements
HDR	2	Enter Submitter ID assigned
HDR	3	Please ensure the **ten-digit File ID** field is a **unique number** that has not been submitted within the past 12 months
HDR	5	Enter **TEST** when submitting a test PDE file Enter **CERT** when submitting a certification PDE file Enter **PROD** when submitting a production PDE file

CMS TIBCO MFT INBOUND FILE NAMING CONVENTIONS

Table 6: CMS TIBCO MFT Inbound File Naming Conventions

File Type	Production	Test
Medicare Encounter Data	guid.racf.EDS.freq.ccccc.FUTURE.P	guid.racf.EDS.freq.ccccc.FUTURE.T
RAPS Data	guid.racf.RAPS.freq.ccccc.FUTURE.P	guid.racf.RAPS.freq.ccccc.FUTURE.T
MMP Encounter	guid.racf.MEDS.freq.ccccc.<Sub Id>.P	guid.racf.MEDS.freq.ccccc.<Sub Id>.T
MMP RAPS	guid.racf.MRAPS.freq.ccccc.<Sub Id>.P	guid.racf.MRAPS.freq.ccccc.<Sub Id>.T
MMP NCPDP	guid.racf.MNCP.freq.ccccc.<Sub Id>.P	guid.racf.MNCP.freq.ccccc.<Sub Id>.T
MMP PDE	guid.racf.MPDE.freq.ccccc.<Sub Id>.P	guid.racf.MPDE.freq.ccccc.<Sub Id>.T
MMP Medicaid	guid.racf.MMCD.freq.ccccc.<Sub Id>.P	guid.racf.MMCD.freq.ccccc.<Sub Id>.T
PDE	guid.racf.PDE.freq.ccccc.FUTURE.P	guid.racf.PDE.freq.ccccc.FUTURE.T

TIBCO MFT MAILBOX PROCESSING FILE NAMES

For the following tables, positions labeled 'xxxxx,' '#####,' 'nnnnn,' or 'ssssss' are designated as random system generated numbers.

Encounter Data, Part A, B and Durable Medical Equipment (DME) (Production) TIBCO MFT Users Only

Table 7: Encounter Data, Part A, B and DME (Production) Mailbox Processing File Names

CMS TIBCO MFT Mailbox Listing	Description
P.xxxxx.EDS_REJT_IC_ISAIEA.pn	TA1 Response
P.xxxxx.EDS_REJT_FUNCT_TRANS.pn P.xxxxx.EDS_ACCPT_FUNCT_TRANS.pn	999 Response
P.xxxxx.EDS_RESP_CLAIM_NUM.pn	277CA Response
P.xxxxx.EDS_RESPONSE.pn	Outbound Validation Report
P.xxxxx.EDPS_001_DataDuplicate_Rpt P.xxxxx.EDPS_001_DataDuplicate_File	MAO-001 – REPT File – PROD MAO-001 – DATA File – PROD
P.xxxxx.EDPS_002_DataProcessingStatus_Rpt P.xxxxx.EDPS_002_DataProcessingStatus_File	MAO-002 – REPT File – PROD MAO-002 – DATA File – PROD

Encounter Data Part A, B and DME (Test) TIBCO MFT Users Only

Table 8: Encounter Data Part A, B and DME (Test) Mailbox Processing File Names

CMS TIBCO MFT Mailbox Listing	Description
T.xxxxx.EDS_REJT_IC_ISAIEA.pn	TA1 Response
T.xxxxx.EDS_REJT_FUNCT_TRANS.pn T.xxxxx.EDS_ACCPT_FUNCT_TRANS.pn	999 Response
T.xxxxx.EDS_RESP_CLAIM_NUM.pn	277CA Response
T.xxxxx.EDS_RESPONSE.pn	Outbound Validation Report
T.xxxxx.EDPS_001_DataDuplicate_Rpt T.xxxxx.EDPS_001_DataDuplicate_File	MAO-001 – REPT File – PROD MAO-001 – DATA File – PROD
T.xxxxx.EDPS_002_DataProcessingStatus_Rpt T.xxxxx.EDPS_002_DataProcessingStatus_File	MAO-002 – REPT File – PROD MAO-002 – DATA File – PROD

RAPS Data (Production) TIBCO MFT Users Only

Table 9: RAPS Data (Production) Mailbox Processing File Names

CMS TIBCO MFT Mailbox Listing	Description
RSP.FERAS_RESP_ssssss	RAPS Response Report
RPT.RAPS_RETURN_FLAT_ssssss	RAPS Return Flat File Report
RPT.RAPS_ERRORRPT_ssssss	RAPS Error Report
RPT.RAPS_SUMMARY_ssssss	RAPS Summary Report
RPT.RAPS_DUPDX_RPT_ssssss	RAPS Duplicate Diagnosis Report
RPT.RAPS_MONTHLY_ssssss	RAPS Monthly Error Report
RPT.RAPS_CUMULATIVE_ssssss	RAPS Cumulative Report
RAPS_ERRORFREQ_MNTH_ssssss	RAPS Error Frequency Report/Monthly
RAPS_ERRORFREQ_QTR_ssssss	RAPS Error Frequency Report/Quarterly

RAPS Data (Test) TIBCO MFT Users Only

Table 10: RAPS Data (Test) Mailbox Processing File Names

CMS TIBCO MFT Mailbox Listing	Description
TEST.RSP.FERAS_RESP_ssssss	RAPS Response Report
TEST.RPT.RAPS_RETURN_FLAT_ssssss	RAPS Return Flat File Report
TEST.RPT.RAPS_ERRORRPT_ssssss	RAPS Error Report
TEST.RPT.RAPS_SUMMARY_ssssss	RAPS Summary Report
TEST.RPT.RAPS_DUPDX_RPT_ssssss	RAPS Duplicate Diagnosis Report
TEST.RPT.RAPS_MONTHLY_ssssss	RAPS Monthly Error Report
TEST.RPT.RAPS_CUMULATIVE_ssssss	RAPS Cumulative Report
TEST.RAPS_ERRORFREQ_MNTH_ssssss	RAPS Error Frequency Report/Monthly
TEST.RAPS_ERRORFREQ_QTR_ssssss	RAPS Error Frequency Report/Quarterly

Medicare-Medicaid Plan (MMP) Medicaid Encounter Part A, B and DME (Production) TIBCO MFT Users Only

Table 11: MMP Medicaid Encounter Part A, B, and DME (Production) Mailbox Processing File Names

CMS TIBCO MFT Mailbox Listing	Description
P.xxxxx.MCD_REJT_IC_ISAIEA.pn	TA1 Response
P.xxxxx.MCD_REJT_FUNCT_TRANS.pn P.xxxxx.MCD_ACCPT_FUNCT_TRANS.pn	999 Response
P.xxxxx.MCD_RESP_CLAIM_NUM.pn	277CA Response
P.xxxxx.MCD_RESPONSE.pn	Outbound Validation Report

MMP Medicaid Encounter Part A, B and DME (Test) TIBCO MFT Users Only

Table 12: MMP Medicaid Encounter Part A, B, and DME (Test) Mailbox Processing File Names

CMS TIBCO MFT Mailbox Listing	Description
T.xxxxx.MCD_REJT_IC_ISAIEA.pn	TA1 Response
T.xxxxx.MCD_REJT_FUNCT_TRANS.pn T.xxxxx.MCD_ACCPT_FUNCT_TRANS.pn	999 Response
T.xxxxx.MCD_RESP_CLAIM_NUM.pn	277CA Response
T.xxxxx.MCD_RESPONSE.pn	Outbound Validation Report

MMP Dental (Production) TIBCO MFT Users Only

Table 13: MMP Dental (Production) Mailbox Processing File Names

CMS TIBCO MFT Mailbox Listing	Description
P.nnnnn.MCD_REJT_IC_ISAIEA.pn	TA1 Response
P.nnnnn.MCD_REJT_FUNCT_TRANS.pn P.nnnnn.MCD_ACCPT_FUNCT_TRANS.pn	999 Response
P.nnnnn.MCD_RESPONSE.pn	Dental Validation Report

MMP Dental (Test) TIBCO MFT Users Only

Table 14: MMP Dental (Test) Mailbox Processing File Names

CMS TIBCO MFT Mailbox Listing	Description
T.nnnnn.MCD_REJT_IC_ISAIEA.pn	TA1 Response
T.nnnnn.MCD_REJT_FUNCT_TRANS.pn T.nnnnn.MCD_ACCPT_FUNCT_TRANS.pn	999 Response
T.nnnnn.MCD_RESPONSE.pn	Dental Validation Report

NCPDP (Production) TIBCO MFT Users Only

Table 15: NCPDP (Production) Mailbox Processing File Names

CMS TIBCO MFT Mailbox Listing	Description
P.XXXXX.NCP_RESP.pn	NCPDP Validation

NCPDP (Test) TIBCO MFT Users Only

Table 16: NCPDP (Test) Mailbox Processing File Names

CMS TIBCO MFT Mailbox Listing	Description
T.xxxxx.NCP_RESP.pn	NCPDP Validation

PDE (Production) TIBCO MFT Users Only

Table 17: PDE (Production) Mailbox Processing File Names

CMS TIBCO MFT Mailbox Listing	Description
RSP.PDFS_RESP_ssssss	PDE Response Report
RPT.DDPS_TRANS_VALIDATION_ssssss	PDE Transaction Validation Report
RPT.DDPS_ERROR_SUMMARY_ssssss	PDE Error Summary Report
RPT.DDPS_CUM_BENE_ACT_COV_ssssss	PDE Covered Cumulative Beneficiary Report
RPT.DDPS_CUM_BENE_ACT_ENH_ssssss	PDE Enhanced Cumulative Beneficiary Report
RPT.DDPS_CUM_BENE_ACT_OTC_ssssss	PDE Over-the-Counter Cumulative Beneficiary Report
RPT.DDPS_P2P_PDE_ACC_COV.ssssss	Plan –to-Plan Covered Report
RPT.DDPS_P2P_PDE_ACC_ENH.ssssss	Plan-to- Plan Enhanced Report
RPT.DDPS_P2P_PDE_ACC_OTC.ssssss	Plan-to-Plan Over-the-Counter Report
RPT.DDPS_P2P_RECEIVABLE.ssssss	Plan-to-Plan Receivable Report
RPT.DDPS_P2P_PARTD_RECON.ssssss	Plan-to-Plan Reconcile Report
RPT.DDPS_P2P_PAYABLE.ssssss	Plan-to-Plan Payable Report
RPT.DDPS_PRS_EXCLUSION.ssssss	PRS Exclusion Report
RPT.DDPS_P2P_PHASE3_RTN.ssssss	Plan-to-Plan Phase 3 Report

PDE (Test) TIBCO MFT Users Only

Table 18: PDE (Test) Processing File Names

CMS TIBCO MFT Mailbox Listing	Description
TEST.RSP.PDFS_RESP_ssssss	PDE Response Report
TEST.RPT.DDPS_TRANS_VALIDATION_ssssss	PDE Transaction Validation Report
TEST.RPT.DDPS_ERROR_SUMMARY_ssssss	PDE Error Summary Report
TEST.RPT.DDPS_CUM_BENE_ACT_COV_ssssss	PDE Covered Cumulative Beneficiary Report
TEST.RPT.DDPS_CUM_BENE_ACT_ENH_ssssss	PDE Enhanced Cumulative Beneficiary Report
TEST.RPT.DDPS_CUM_BENE_ACT_OTC_ssssss	PDE Over-the-Counter Cumulative Beneficiary Report
TEST.RPT.DDPS_P2P_PDE_ACC_COV.ssssss	Plan –to-Plan Covered Report
TEST.RPT.DDPS_P2P_PDE_ACC_ENH.ssssss	Plan-to- Plan Enhanced Report
TEST.RPT.DDPS_P2P_PDE_ACC_OTC.ssssss	Plan-to-Plan Over-the-Counter Report
TEST.RPT.DDPS_P2P_RECEIVABLE.ssssss	Plan-to-Plan Receivable Report
TEST.RPT.DDPS_P2P_PARTD_RECON.ssssss	Plan-to-Plan Reconcile Report
TEST.RPT.DDPS_P2P_PAYABLE.ssssss	Plan-to-Plan Payable Report
TEST.RPT.DDPS_PRS_EXCLUSION.ssssss	PRS Exclusion Report
TEST.RPT.DDPS_P2P_PHASE3_RTN.ssssss	Plan-to-Plan Phase 3 Report

FRONT-END SYSTEM (FES) NOTIFICATION EXAMPLES

The FES distributes notifications to MAOs and other entities when files have been received and/or processed by the FES, but will not proceed for further processing.

The report format examples are as follows:

Encounter Data Front-End System (EDFES)

FILE NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FILE CONTROL: XXXXXXXX
NUMBER OF CLAIMS: 99,999
FILE WAS NOT SENT TO THE EDPS BACK-END PROCESS FOR THE FOLLOWING REASON(S)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX

Encounter Data Front-End System Post Screening Edits

Table 19: Post-Screening Invalid Report for all Files

Notification Message	Notification Message Description	INST	PROF	DME
File ID (XXXXXXXX) is a duplicate of a file ID sent within the last 12 months	The file ID must be unique for a 12 month period	Y	Y	Y
Submitter not authorized to send claims for the plan (Contract ID)	The submitter is not authorized to send EDRs for this contract	Y	Y	Y
Contract ID cannot be the same as the Submitter ID	The Contract ID cannot be the same as the Submitter ID	Y	Y	Y
At least one EDR is missing a Contract ID in the 2010BB-REF02 segment	The Contract ID is missing	Y	Y	Y
See service type columns	The maximum number of EDRs allowed in a file	File cannot exceed 5,000 EDRs	File cannot exceed 85,000 EDRs	File cannot exceed 85,000 EDRs
Transaction set (ST/SE) (XXXXXXXX)cannot exceed 5,000 claims	There can only be 5,000 claims in each ST/SE loop	Y	Y	Y
Date of service cannot be before 2011	Files cannot be submitted with a date if service before 2011	Y	Y	Y
CAS adjustment amount must not be 0	The CAS adjustment amount cannot be (0)	Y	Y	Y
Billing provider loop is missing	The Billing Provider loop must be present	Y	Y	Y
Submitter not certified for production	The submitter must be certified to send EDRs for production	Y	Y	Y
No test cases found in this file	The file was processed with the Interchange Usage Indicator = "T" and the submitter is not yet certified	Y	Y	Y

Table 20: Post-Screening Invalid Report for End-to-End Testing

Notification Message	Notification Message Description	INST	PROF	DME
See service type columns	See service type columns	File cannot contain more than 6 EDRs	File cannot contain more than 6 EDRs	File cannot contain more than 4 EDRs
Patient control number is more than 20 characters long the TC# was truncated	The Claim Control Number including the Test Case Number, must not exceed 20 characters	Y	Y	Y
File contains (X) test case (X) encounter(s)	The file must contain two (2) of each test case	Y	Y	Y
Additional files cannot be validated until an MAO-02 report has been received	The MAO-002 report must be received before additional files can be submitted	Y	Y	Y
File cannot contain both unlinked and linked test cases	The test cases from file 1 and file 2 cannot be in the same file		Y	
Cannot send linked test cases until all unlinked test cases have been accepted	The test cases for file 2 cannot be sent before all file 1 test cases are accepted		Y	

Table 21: Post-Screening Invalid Report for Tier 2 Files

Notification Message	Notification Message Description	INST	PROF	DME
The interchange usage indicator must equal "T"	The Tier 2 file is being sent with a "P" in the ISA15 field	Y	Y	Y
The Contract ID has (X,XXX) claims in the file. Only 2,000 are allowed	The number of encounters for a Contract ID cannot be greater than 2,000	Y	Y	Y

RAPS Data Front-End Risk Adjustment System (FERAS)

REPORT: FERAS-RESP   FRONT END RISK ADJUSTMENT SYSTEM
RUN DATE: 20170101   FERAS RESPONSE REPORT
PROCESSED: CCYYMMDD CYCLE

SUBMITTER ID: SH####
FILE ID: 012345678   REJECTED PROD

RECORD SEQ   ERROR
TYPE   NO   CODE ERROR DESCRIPTION
AAA 0000001 112 SUBMITTER ID NOT ON FILE
AAA 0000001 107 SUBMITTER ID NOT VALIDATED TO SEND PROD DATA
ZZZ 0000128 162 ZZZ SUB-ID DOES NOT MATCH SUB-ID ON AAA RECORD
** End of Report **

Prescription Drug Front-End System (PDFS)

REPORT: PDFS-RESP   PRESCRIPTION DRUG FRONT END SYSTEM
RUN DATE: 20170101   PDFS RESPONSE REPORT
PROCESSED: CCYYMMDD CYCLE

SUBMITTER ID: SH####
FILE ID: 012345678   REJECTED PROD

RECORD SEQ   ERROR
TYPE   NO   CODE ERROR DESCRIPTION
HDR 0000001 132 DUPLICATE FILE ID IN LAST 12 MONTHS
** End of Report **

CONNECT:DIRECT SUBMISSION DATASET NAMES

Medicare Encounter Data

Table 22: Medicare Encounter Data Submission Dataset Names

Testing	Production	Parameter Values
MAB.PROD.NDM.TEST.EDST.<Submitter ID>(+1)	MAB.PROD.NDM.PROD.EDST.<Submitter ID>(+1)	DISP: (NEW,CATLG,DELETE) UNIT: SYSDG SPACE: (CYL,(100,100),RLSE) DCB: (RECFM=FB,LRECL=80,BLKSIZE=27920)

Click here for the Encounter Data Connect:Direct Application

RAPS Data

Table 23: RAPS Data Submission Dataset Names

Testing	Production	Parameter Values
MAB.PROD.NDM.RAPS.TEST.<Submitter ID>(+1)	MAB.PROD.NDM.RAPS.PROD.<Submitter ID>(+1)	DISP: (NEW,CATLG,DELETE) UNIT: SYSDG SPACE: (CYL,(75,10),RLSE) DCB: (RECFM=FB,LRECL=512,BLKSIZE=27648)

Click here for the RAPS Connect:Direct Application Form

Medicare-Medicaid Plan (MMP) Data

Table 24: Medicare-Medicaid Plan Submission Dataset Names

Line of Business	Production	Parameter Values
MMP MEDICARE ENCOUNTER	MAB.PROD.NDM.MMFS.ENC.<Submitter ID>(+1)	DISP: (NEW,CATLG,DELETE) UNIT: SYSDG SPACE: (CYL,(100,100),RLSE) DCB: (RECFM=FB,LRECL=80,BLKSIZE=27920)
MMP MEDICAID ENCOUNTER	MAB.PROD.NDM.MMFS.MCD.<Submitter ID>(+1)	DISP: (NEW,CATLG,DELETE) UNIT: SYSDG SPACE: (CYL,(100,100),RLSE) DCB: (RECFM=FB,LRECL=80,BLKSIZE=27920)
MMP NCPDP	MAB.PROD.NDM.MMFS.NCP.<Submitter ID>(+1)	DISP: (NEW,CATLG,DELETE) UNIT: SYSDG SPACE: (CYL,(100,100),RLSE) DCB: (RECFM=FB,LRECL=3700,BLKSIZE=25900)
MMP PDE	MAB.PROD.NDM.MMFS.PDE.<Submitter ID>(+1)	DISP: (NEW,CATLG,DELETE) UNIT: SYSDG SPACE: (CYL,(1200,500),RLSE) DCB: (RECFM=FB,LRECL=512,BLKSIZE=27648)
MMP RAPS	MAB.PROD.NDM.MMFS.RAS.<Submitter ID>(+1)	DISP: (NEW,CATLG,DELETE) UNIT: SYSDG SPACE: (CYL,(75,10),RLSE) DCB: (RECFM=FB,LRECL=512,BLKSIZE=27648)

Note: MMP test files must be submitted using the production dataset names.

Click here for the Medicare-Medicaid Plan (MMP) Connect:Direct Application Form

PDE Data

Table 25: PDE Submission Dataset Names

Testing	Production	Parameter Values
MAB.PROD.NDM.PDFS.TEST.<Submitter ID>(+1)	MAB.PROD.NDM.PDFS.PROD.<Submitter ID>(+1)	DISP: (NEW,CATLG,DELETE) UNIT: SYSDG SPACE: (CYL,(1200,500),RLSE) DCB: (RECFM=FB,LRECL=512,BLKSIZE=27648)

Click here for the PDFS Connect:Direct Application Form

CONNECTING TO THE FES

A connection with an approved NSV must be in place prior to the establishment of a connection with the FES.

Click here for the list of approved NSV's

In order to submit files to the FES, the user must be enrolled with CSSC Operations. If the user is not enrolled, please contact the CSSC Operations Help Desk at (877) 534-2772, or by email at csscoperations@palmettogba.com. Once enrolled, a Submitter Identification (ID) and Password will be provided.

CREATING A RAPS FILE USING DIRECT DATA ENTRY (DDE)

GETTING STARTED

1. **Access** the CSSC Operations website at: This link routes the user to the CSSC Operations website at www.csscoperations.com.
2. **Select** the Medicare Advantage Encounter Data and RAPS Data link on the left side of the window.
3. **Select** the Resources Link.
4. **Select** the Risk Adjustment Direct Data Entry Tool Link.
5. **Open and Download** the Excel Workbook, which have the following 4 tabs at the bottom of the Excel Workbook:
   a. User Instructions (display of detailed instructions that must be followed)
   b. Profile Information (entry of the Profile Information or the AAA Record)
   c. Input (entry of the Plan, Patient and Diagnosis Code Information or the BBB and CCC Records)
   d. Records (display of all fields and records entered)
6. **Select** the 'User Instructions Tab' for a list of detailed instructions for creating a RAPS File, if needed.
7. **Follow** the detailed instructions for creating a RAPS File for submission.

PROFILE INFORMATION TAB

1. Reference **Figure 1** for the Profile Information Tab (the AAA Record).
2. **Enter** the following information:
   a. Submitter Number (Required)
      i. **Enter** a 6 alphanumeric Submitter Id (i.e. SHnnnn)
      ii. **Entry** must begin with 'SH', 'SE' or 'SR'
   b. Prod/Test (Required)
      i. **Select** PROD or TEST option from the drop down listing.
   c. Diagnosis File Type (Required)
      i. **Select** ICD9 or ICD10 option from the drop down listing.
         1. ICD9 Diagnosis Codes are before 10/1/2015
         2. ICD10 Diagnosis Codes are on or after 10/1/2015
   d. Output File Path (Required)
      i. **Navigate** to the location where the file should be stored (i.e. in a folder location on your workstation) by using the 'Select Path' link.
   e. File ID (Required)

i. **Enter** a maximum of 10 alphanumeric characters.

Note: Alphanumeric is defined as characters A-Z, and numeric as 0-9).

Figure 1: Profile Information

Profile Information

Submitter Number		
Prod/Test		
Diagnosis File Type		
Output File Path		Select Path
File ID		

INPUT TAB

1. Reference **Figure 2** for the Risk Adjustment Record Submission fields (the BBB Record).
2. Enter the following information:
   a. Plan Number (Required)
      i. **Must** be a 5-character alphanumeric Plan Number (i.e. H9999)
      ii. **Must** begin with H, E or R
   b. Patient Info
      i. Patient Control # (Optional); **Enter** a maximum of 40 alphanumeric characters
      ii. Medicare ID (Required); **Enter** a maximum of 25 alphanumeric characters
      iii. Date of Birth (Optional); **Enter** in MM/DD/YYYY format

Figure 2: Risk Adjustment Record Submission

Risk Adjustment Record Submission

Plan Number		

Patient Info

Patient Control #		Optional
Medicare ID		
Date of Birth		Optional

3. Reference **Figure 3** for the Diagnosis Cluster Information fields (the CCC Record).
4. **Enter** the following Diagnosis Cluster information:
   a. Entry up to 10 Diagnosis Clusters

        i. Provider Type (Required); **Select** the desired Provider Type from the drop down listing.

       ii. From Date (Required); **Enter** in MM/DD/YYYY format

      iii. Thru Date (Required); **Enter** in MM/DD/YYYY

      iv. Delete Ind (Optional); **Select** the desired Delete Indicator from the drop down listing.

       v. Diagnosis Code (Required); **Enter** a Diagnosis Code

      vi. Risk Assessment Code (Required); **Enter** the desired Risk Assessment Code from the drop down listing

Figure 3: Diagnosis Cluster Information

Diagnosis Cluster Information		
1	Provider Type	
	From Date	
	Thru Date	
	Delete Ind	
	Diagnosis Code	
	Risk Assessment Code	
2	Provider Type	
	From Date	
	Thru Date	
	Delete Ind	
	Diagnosis Code	
	Risk Assessment Code	
3	Provider Type	
	From Date	
	Thru Date	
	Delete Ind	
	Diagnosis Code	
	Risk Assessment Code	
4	Provider Type	
	From Date	
	Thru Date	
	Delete Ind	
	Diagnosis Code	
	Risk Assessment Code	
5	Provider Type	
	From Date	
	Thru Date	
	Delete Ind	
	Diagnosis Code	
	Risk Assessment Code	

5. Reference **Figure 4** for additional functions.
    a. After all diagnosis clusters have been entered on the Input Tab, **select** 'Add Next CCC Record' to create or add the CCC record
    b. **Select** 'New Batch' to create a new BBB and CCC Record
        i. When entering a new Plan Number, a new batch will automatically be created
    c. **Select** 'Create File' after all information has been entered
        i. File name is user defined
    d. **Select** 'Clear CCC Records' to remove CCC record entries from the screen or current Input tab
    e. **Select** 'Clear Records Tab' to remove all records on that tab
6. **Select** 'Records Tab' at the bottom of the Excel Workbook to display all the fields and records entered for the file, if needed.
7. The user must **submit** the file via SFTP Command Line.

Figure 4: Additional Functions

Add Next CCC Record	Click this button to add CCC records. You must click this button to move the CCC record to the Records tab before adding a new batch or creating a file.
New Batch	Click here to create a new batch.
Create File	Click here to create a file.
Clear CCC Records	Click here in the event you want to remove CCC record entries from this tab only.

Clicking this button will clear **ALL** records on the Records tab. Do not select this unless you want to delete all records created so far.

Clear Records Tab

Edit Examples

Table 26: Edit Examples

ERROR	SCREEN/FIELD NAME	RESOLUTION
Alphanumeric. This must be 6 characters. (i.e. SHnnnn)	Profile Information/Submitter Number	Enter up to 6 alphanumeric positions for the Submitter Number.
Alphanumeric 10 character maximum	Profile Information/File Id	Enter up to 10 alphanumeric positions for the File Id.
Alphanumeric. This must be 5 characters. (i.e. Hnnnn)	Input/Plan Number	Enter up to 5 alphanumeric positions for the Plan Number
OPTIONAL FIELD Alphanumeric 40 character maximum	Input/Patient Control #	Enter up to 40 alphanumeric positions for the Patient Control #. This is an optional entry and is not a required entry.
Alphanumeric 25 character maximum	Input/Medicare ID	Enter up to 25 alphanumeric positions for the Medicare ID.
Must be formatted as MM/DD/YYYY	Input/Date of Birth	Enter the Patient Date of Birth in the MM/DD/YYYY format where 'MM' is a 2 position month (i.e. 05), DD is a 2 position day (i.e. 06) and YYYY is a 4 position year (i.e. 1964). This is an optional entry and is not a required entry.
Must be formatted as MM/DD/YYYY	Input/From Date	Enter the Diagnosis Cluster From Date in the MM/DD/YYYY format where 'MM' is a 2 position month (i.e. 05), DD is a 2 position day (i.e. 06) and YYYY is a 4 position year (i.e. 1964).
Must be formatted as MM/DD/YYYY	Input/Thru Date	Enter the Diagnosis Cluster Thru Date in the MM/DD/YYYY format where 'MM' is a 2 position month (i.e. 05), DD is a 2 position day (i.e. 06) and YYYY is a 4 position year (i.e. 1964).
Must be 3 to 7 Characters	Input/Diagnosis Code	Enter a 3 to 7 position Diagnosis Code.
The Plan Number must begin with H, E or R	Input/Plan Number	Enter a Plan Number that begins with H, E or R.
Submitter Number must begin with SH, SE or SR	Input/'Create File' is selected	Enter a Submitter Number that begins with SH, SE or SR.
Thru date should not be < from date	Input/'Next CCC Record' is selected	Enter a Thru Date that is less than the From Date.
For ICD10 File Type the from date should be >= 10/01/2015	Input/'Add Next CCC Record' is selected	For ICD10 Diagnosis Codes, the From Date must be greater than or equal to 10/01/2015.
For ICD10 File Type the thru date should be >= to 10/01/2015	Input/'Add Next CCC Record' is selected	For ICD10 Diagnosis Codes, the Thru Date must be greater than or equal to 10/01/2015.
For ICD9 File Type the from date should be < 10/01/2015	Input/'Add Next CCC Record' is selected	For ICD9 Diagnosis Codes, the From Date must be less than 10/01/2015.
For ICD9 File Type the thru date should be < to 10/01/2015	Input/'Add Next CCC Record' is selected	For ICD9 Diagnosis Codes, the Thru Date must be less than 10/01/2015.

CONNECT TO THE FES USING SFTP

A connection with an approved NSV must be in place prior to the establishment of a connection with the FES.

In order to submit files to the FES, the user must be enrolled by CSSC Operations. If not enrolled, please contact the CSSC Help Desk at (877) 534-2772, or by email at csscoperations@palmettogba.com. Once enrolled, a Submitter ID and Password will be provided.

The following information is needed when creating a new entry within your SFTP software:

1. HOST Name (The *HOST Name* is an IP address provided along with a Submitter ID once enrolled by CSSC Operations)
2. Port: 22
3. Protocol: SSH/SFTP File Transfer Protocol
4. User: Submitter ID/Submitter ID (ex. SH9999/SH9999)

   Note: All letters within the Submitter ID are in caps.

5. Password: Received via email notification to the technical contact after enrollment is complete.

   Note: Password is case sensitive and must be submitted as given on the email notification.

Once entry setup is complete, launch the SFTP software to connect.

When access to SFTP server is successful, see steps below for sending and receiving files.

Sending Files

The following steps explain how to send files to the FES through the SFTP server.

1. Access Outbox directory path to submit files: **outbox/EZComm/BC/1.0/Notify**.

2. Once access is successful to the outbox directory, upload or drop files into outbox directory for processing.

   Note: Zip uploaded files in a PK-ZIP 14+ compatible format can decrease upload time. Repeating the file name may cause files that are waiting to be processed to be overwritten. Instead, use sequential file names (i.e., FILE1, FILE2, etc.).

3. A message will be received that the upload was successful.

Receiving Files

The following steps explain how to receive files from the FES through the SFTP server.

1. Access Inbox directory path to download files: **inbox/EZComm/BC/1.0/Notify**.

2. Follow the commands outlined in your SFTP software to download the files available in your inbox.

   Note: It is recommended not to select the wildcard option (*.*) for all options like ALL SUBMITTERS or ALL REPORTS. Reports should be downloaded and saved prior to

viewing as the new SFTP environment removes reports from the SFTP/TIBCO mailbox once viewed. CSSC Operations will have report restore capabilities.

Note: After 14 days, if reports still reside in a SFTP/TIBCO mailbox without any activity (i.e., viewing), the reports will be removed from the SFTP/TIBCO mailbox. CSSC Operations will have to be contacted if reports need to be restored.

SFTP/TIBCO REPORT NAMING CONVENTIONS

Table 27: SFTP Report Naming Conventions

SFTP Report Naming Conventions		
#	**Encounter Data and MMP Medicaid Encounter, Part A, B and DME Report Naming Conventions**	**Description**
1	INVCCYYMMDDHHMMSSSSS.INV	Server Pre-Screener Response/Invalid Response Report
2	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.TA1	TA1 Response
3	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.999	999 Response
4	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.277CA	277CA Response
5	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.REJECTED_ID.RSP	Outbound Validation Response Report
6	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.PROD_001_DATDUP_FILE.RPT	MAO-001 – DATA File – PROD
7	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.PROD_001_DATDUP_RPT.RPT	MAO-001 – REPT File – PROD
8	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.PROD_002_DATPRS_FILE.RPT	MAO-002 – DATA File – PROD
9	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.PROD_002_DATPRS_RPT.RPT	MAO-002 – REPT File – PROD
MMP Dental		**Description**
1	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.VALIDATION.RPT	Dental Validation Report
NCPDP		**Description**
1	INVCCYYMMDDHHMMSSSSS.INV	Server Pre-Screener Response/Invalid Response Report
2	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.NCPDP_VALIDATION.RPT	NCPDP Validation Report
PDE		**Description**
1	INVCCYYMMDDHHMMSSSSS.INV	Server Pre-Screener Response/Invalid Response Report
2	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.PDFS_RESP.RPT	PDE Response Report
3	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_CUM_BENE_ACT_COV.RPT	PDE Covered Cumulative Beneficiary Report
4	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_CUM_BENE_ACT_COV_NONPACE.RPT	PDE Covered Cumulative Beneficiary Report/Non-PACE
5	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_CUM_BENE_ACT_ENH.RPT	PDE Enhanced Cumulative Beneficiary Report

SFTP Report Naming Conventions		
6	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_CUM_BENE_ACT_ENH_NONPACE.RPT	PDE Enhanced Cumulative Beneficiary Report/Non-PACE
7	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_CUM_BENE_ACT_OTC.RPT	PDE Over-the-Counter Cumulative Beneficiary Report
8	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_CUM_BENE_ACT_OTC_NONPACE.RPT	PDE Over-the-Counter Cumulative Beneficiary Report/Non-PACE
9	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_TRANS_VALIDATION.RPT	PDE Transaction Validation Report
10	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_ERROR_SUMMARY.RPT	PDE Error Summary Report
Plan-to-Plan		**Description**
1	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_P2P_PAYABLE.RPT	Plan-to-Plan Payable Report
2	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_P2P_PDE_ACC_C.RPT	Plan-to-Plan Covered Report
3	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_P2P_PDE_ACC_E.RPT	Plan-to-Plan Enhanced Report
4	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_P2P_PDE_ACC_O.RPT	Plan-to-Plan Over-the-Counter Report
5	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_P2P_PHASE3_RET.RPT	Plan-to-Plan Phase 3 Report
6	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_P2P_RECEIVABLE.RPT	Plan-to-Plan Receivable Report
7	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_P2P_RECONCILE.RPT	Plan-to-Plan Reconcile Report
PRS		**Description**
1	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.DDPS_PRS_EXCLUSION.RPT	PRS Exclusion Report
RAPS		**Description**
1	INVCCYYMMDDHHMMSSSSS.INV	Server Pre-Screener Response/Invalid Response Report
2	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.FERAS_RESP.RPT	RAPS Response Report
3	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.RAPS_CUMULATIVE.RPT	RAPS Cumulative Report
4	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.RAPS_DUPDX_RPT.RPT	RAPS Duplicate Diagnosis Report
5	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.RAPS_ERRFREQ_MNTH.RPT	RAPS Error Frequency Report/Monthly
6	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.RAPS_ERRFREQ_QTR.RPT	RAPS Error Frequency Report/Quarterly
7	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.RAPS_ERROR_RPT.RPT	RAPS Error Report

SFTP Report Naming Conventions		
8	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.RAPS_MONTHLY.RPT	RAPS Monthly Error Report
9	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.RAPS_RETURN_FLAT.RPT	RAPS Return Flat File Report
10	*<Submitter ID>*.CCYYMMDD.THHMMSS.nnnnnn.s.RAPS_SUMMARY.RPT	RAPS Summary Report

Key of System Generated values:
CCYYMMDD – Century, Year, Month, Day
HHMMSSSS – Hour, Minutes, Seconds/Milliseconds timestamp;
nnnnnn – Randomly assigned sequential number;
s – Sequential count

Downloading Report Returns from your TIBCO Mailbox

1. Select Documents/Files Individually.

Table 28: Document/Files with Specific Names

#	Encounter Data and MMP Medicaid Encounter, Part A, B and DME Report Naming Conventions	Description
1	INV20180217115435846.INV	Server Pre-Screener Response/Invalid Response Report
2	*<Submitter ID>*.20180419.T115449.381992.1.TA1	TA1 Response
3	*<Submitter ID>*.20180419.T174119.790605.1.999	999 Response
4	*<Submitter ID>*.20180419.T174006.918610.1.277CA	277CA Response
5	*<Submitter ID>*.20180221.T163606.881212.3.REJECTED_ID.RSP	Outbound Validation Response Report
6	*<Submitter ID>*.20180313.T172314.112916.1.PROD_001_DATDUP_FILE.RPT	MAO-001 – DATA File – PROD
7	*<Submitter ID>*.20180405.T172119.006591.1.PROD_001_DATDUP_RPT.RPT	MAO-001 – REPT File – PROD
8	*<Submitter ID>*.20180409.T164736.921959.1.PROD_002_DATPRS_FILE.RPT	MAO-002 – DATA File – PROD
9	*<Submitter ID>*.20180409.T162940.356704.1.PROD_002_DATPRS_RPT.RPT	MAO-002 – REPT File – PROD
MMP Dental		**Description**
1	*<Submitter ID>*.20180419.T192020.002001.1.VALIDATION.RPT	Dental Validation Report
NCPDP		**Description**
1	INV20180217115435847.INV	Server Pre-Screener Response/Invalid Response Report
2	*<Submitter ID>*.20180419.T192520.002311.1.NCPDP_VALIDATION.RPT	NCPDP Validation Report
PDE		**Description**
1	INV20180217115435848.INV	Server Pre-Screener Response/Invalid Response Report
2	*<Submitter ID>*.20180419.T183000.001701.1.PDFS_RESP.RPT	PDE Response Report
3	*<Submitter ID>*.20180419.T183101.001710.1.DDPS_CUM_BENE_ACT_COV.RPT	PDE Covered Cumulative Beneficiary Report
4	*<Submitter ID>*.20180419.T183202.001720.1.DDPS_CUM_BENE_ACT_COV_NONPACE.RPT	PDE Covered Cumulative Beneficiary Report/Non-PACE
5	*<Submitter ID>*.20180419.T183303.001730.1.DDPS_CUM_BENE_ACT_ENH.RPT	PDE Enhanced Cumulative Beneficiary Report
6	*<Submitter ID>*.20180419.T183404.001740.1.DDPS_CUM_BENE_ACT_ENH_NONPACE.RPT	PDE Enhanced Cumulative Beneficiary Report/Non-PACE
7	*<Submitter ID>*.20180419.T183505.001750.1.DDPS_CUM_BENE_ACT_OTC.RPT	PDE Over-the-Counter Cumulative Beneficiary Report

	Documents/Files with Specific Names	
8	*<Submitter ID>*.20180419.T183606.001760.1.DDPS_CUM_BENE_ACT_OTC_NONPACE.RPT	PDE Over-the-Counter Cumulative Beneficiary Report/Non-PACE
9	*<Submitter ID>*.20180419.T183707.001770.1.DDPS_TRANS_VALIDATION.RPT	PDE Transaction Validation Report
10	*<Submitter ID>*.20180419.T183808.001780.1.DDPS_ERROR_SUMMARY.RPT	PDE Error Summary Report
Plan-to-Plan		**Description**
1	*<Submitter ID>*.20180419.T193808.003310.1.DDPS_P2P_PAYABLE.RPT	Plan-to-Plan Payable Report
2	*<Submitter ID>*.20180419.T193909.003311.1.DDPS_P2P_PDE_ACC_C.RPT	Plan-to-Plan Covered Report
3	*<Submitter ID>*.20180419.T194010.003312.1.DDPS_P2P_PDE_ACC_E.RPT	Plan-to-Plan Enhanced Report
4	*<Submitter ID>*.20180419.T194111.003313.1.DDPS_P2P_PDE_ACC_O.RPT	Plan-to-Plan Over-the-Counter Report
5	*<Submitter ID>*.20180419.T194212.003314.1.DDPS_P2P_PHASE3_RET.RPT	Plan-to-Plan Phase 3 Report
6	*<Submitter ID>*.20180419.T194313.003315.1.DDPS_P2P_RECEIVABLE.RPT	Plan-to-Plan Receivable Report
7	*<Submitter ID>*.20180419.T194414.003316.1.DDPS_P2P_RECONCILE.RPT	Plan-to-Plan Reconcile Report
PRS		**Description**
1	*<Submitter ID>*.20180419.T152022.000282.1.DDPS_PRS_EXCLUSION.RPT	PRS Exclusion Report
RAPS		**Description**
1	INV20180217115435849.INV	Server Pre-Screener Response/Invalid Response Report
2	*<Submitter ID>*.20180419.T155051.000801.1.FERAS_RESP.RPT	RAPS Response Report
3	*<Submitter ID>*.20180419.T155152.000802.1.RAPS_CUMULATIVE.RPT	RAPS Cumulative Report
4	*<Submitter ID>*.20180419.T155253.000803.1.RAPS_DUPDX_RPT.RPT	RAPS Duplicate Diagnosis Report
5	*<Submitter ID>*.20180419.T155354.000804.1.RAPS_ERRFREQ_MNTH.RPT	RAPS Error Frequency Report/Monthly
6	*<Submitter ID>*.20180419.T155455.000805.1.RAPS_ERRFREQ_QTR.RPT	RAPS Error Frequency Report/Quarterly
7	*<Submitter ID>*.20180419.T155556.000806.1.RAPS_ERROR_RPT.RPT	RAPS Error Report
8	*<Submitter ID>*.20180419.T155657.000807.1.RAPS_MONTHLY.RPT	RAPS Monthly Error Report
9	*<Submitter ID>*.20180419.T155758.000808.1.RAPS_RETURN_FLAT.RPT	RAPS Return Flat File Report
10	*<Submitter ID>*.20185859.T155859.000809.1.RAPS_SUMMARY.RPT	RAPS Summary Report

2. Select a grouping of documents/files.

Table 29: Document/Files by groupings

Document/Files by groupings		
#	**Encounter Data and MMP Medicaid Encounter, Part A, B and DME Report Naming Conventions**	**Description**
1	*<Submitter ID>.*.TA1*	TA1 Response
2	*<Submitter ID>.*.999*	999 Response
3	*<Submitter ID>.*.277CA*	277CA Response
4	*<Submitter ID>.*. REJECTED_ID.RSP*	Outbound Validation Response Report
5	*<Submitter ID>.*.PROD_001_DATDUP_FILE.RPT*	MAO-001 – DATA File – PROD
6	*<Submitter ID>.*.PROD_001_DATDUP_RPT.RPT*	MAO-001 – REPT File – PROD
7	*<Submitter ID>.*.PROD_002_DATPRS_FILE.RPT*	MAO-002 – DATA File – PROD
8	*<Submitter ID>.*.PROD_002_DATPRS_RPT.RPT*	MAO-002 – REPT File – PROD
MMP Dental		**Description**
1	*<Submitter ID>.*.VALIDATION.RPT*	Dental Validation Report
NCPDP		**Description**
1	*<Submitter ID>.*.NCPDP_VALIDATION.RPT*	NCPDP Validation Report
PDE		**Description**
1	*<Submitter ID>.*.PDFS_RESP.RPT*	PDE Response Report
2	*<Submitter ID>.*.DDPS_CUM_BENE_ACT_COV.RPT*	PDE Covered Cumulative Beneficiary Report
3	*<Submitter ID>.*.DDPS_CUM_BENE_ACT_COV_NONPACE.RPT*	PDE Covered Cumulative Beneficiary Report/Non-PACE
4	*<Submitter ID>.*.DDPS_CUM_BENE_ACT_ENH.RPT*	PDE Enhanced Cumulative Beneficiary Report
5	*<Submitter ID>.*.DDPS_CUM_BENE_ACT_ENH_NONPACE.RPT*	PDE Enhanced Cumulative Beneficiary Report/Non-PACE
6	*<Submitter ID>.*.DDPS_CUM_BENE_ACT_OTC.RPT*	PDE Over-the-Counter Cumulative Beneficiary Report
7	*<Submitter ID>.*.DDPS_CUM_BENE_ACT_OTC_NONPACE.RPT*	PDE Over-the-Counter Cumulative Beneficiary Report/Non-PACE
8	*<Submitter ID>.*.DDPS_TRANS_VALIDATION.RPT*	PDE Transaction Validation Report
9	*<Submitter ID>.*.DDPS_ERROR_SUMMARY.RPT*	PDE Error Summary Report

Document/Files by groupings	
Plan-to-Plan	**Description**
1	*<Submitter ID>*.*.DDPS_P2P_PAYABLE.RPT	Plan-to-Plan Payable Report
2	*<Submitter ID>*.*.DDPS_P2P_PDE_ACC_C.RPT	Plan-to-Plan Covered Report
3	*<Submitter ID>*.*.DDPS_P2P_PDE_ACC_E.RPT	Plan-to-Plan Enhanced Report
4	*<Submitter ID>*.*.DDPS_P2P_PDE_ACC_O.RPT	Plan-to-Plan Over-the-Counter Report
5	*<Submitter ID>*.*.DPS_P2P_PHASE3_RET.RPT	Plan-to-Plan Phase 3 Report
6	*<Submitter ID>*.*.DDPS_P2P_RECEIVABLE.RPT	Plan-to-Plan Receivable Report
7	*<Submitter ID>*.*.DDPS_P2P_RECONCILE.RPT	Plan-to-Plan Reconcile Report
PRS	**Description**
1	*<Submitter ID>*.*.DDPS_PRS_EXCLUSION.RPT	PRS Exclusion Report
RAPS	**Description**
1	*<Submitter ID>*.*.FERAS_RESP.RPT	RAPS Response Report
2	*<Submitter ID>*.*.RAPS_CUMULATIVE.RPT	RAPS Cumulative Report
3	*<Submitter ID>*.*.RAPS_DUPDX_RPT.RPT	RAPS Duplicate Diagnosis Report
4	*<Submitter ID>*.*.RAPS_ERRFREQ_MNTH.RPT	RAPS Error Frequency Report/Monthly
5	*<Submitter ID>*.*.RAPS_ERRFREQ_QTR.RPT	RAPS Error Frequency Report/Quarterly
6	*<Submitter ID>*.*.RAPS_ERROR_RPT.RPT	RAPS Error Report
7	*<Submitter ID>*.*.RAPS_MONTHLY.RPT	RAPS Monthly Error Report
8	*<Submitter ID>*.*.RAPS_RETURN_FLAT.RPT	RAPS Return Flat File Report
9	*<Submitter ID>*.*.RAPS_SUMMARY.RPT	RAPS Summary Report

3. Select a grouping of documents/files by date.

Table 30: Document/Files by groupings and date

#	Encounter Data and MMP Medicaid Encounter, Part A, B and DME Report Naming Conventions	Description
	Document/Files by groupings and date	
1	*<Submitter ID>*.20180419.*.TA1	TA1 Response
2	*<Submitter ID>*.20180419.*.999	999 Response
3	*<Submitter ID>*.20180419.*.277CA	277CA Response
4	*<Submitter ID>*.20180221.*REJECTED_ID.RSP	Outbound Validation Response Report
5	*<Submitter ID>*.20180313.*.PROD_001_DATDUP_FILE.RPT	MAO-001 – DATA File – PROD
6	*<Submitter ID>*.20180405.*.PROD_001_DATDUP_RPT.RPT	MAO-001 – REPT File – PROD
7	*<Submitter ID>*.20180409.*.PROD_002_DATPRS_FILE.RPT	MAO-002 – DATA File – PROD
8	*<Submitter ID>*.20180409.*.PROD_002_DATPRS_RPT.RPT	MAO-002 – REPT File – PROD
MMP Dental		**Description**
1	*<Submitter ID>*.20180409.*.VALIDATION.RPT	Dental Validation Report
NCPDP		**Description**
1	*<Submitter ID>*.20180409.*.NCPDP_VALIDATION.RPT	NCPDP Validation Report
PDE		**Description**
1	*<Submitter ID>*.20180419.*.PDFS_RESP.RPT	PDE Response Report
2	*<Submitter ID>*.20180419. *.DDPS_CUM_BENE_ACT_COV.RPT	PDE Covered Cumulative Beneficiary Report
3	*<Submitter ID>*.20180419. *.DDPS_CUM_BENE_ACT_COV_NONPACE.RPT	PDE Covered Cumulative Beneficiary Report/Non-PACE
4	*<Submitter ID>*.20180419. *.DDPS_CUM_BENE_ACT_ENH.RPT	PDE Enhanced Cumulative Beneficiary Report
5	*<Submitter ID>*.20180419. *.DDPS_CUM_BENE_ACT_ENH_NONPACE.RPT	PDE Enhanced Cumulative Beneficiary Report/Non-PACE
6	*<Submitter ID>*.20180419. *.DDPS_CUM_BENE_ACT_OTC.RPT	PDE Over-the-Counter Cumulative Beneficiary Report
7	*<Submitter ID>*.20180419. *.DDPS_CUM_BENE_ACT_OTC_NONPACE.RPT	PDE Over-the-Counter Cumulative Beneficiary Report/Non-PACE
8	*<Submitter ID>*.20180419. *.DDPS_TRANS_VALIDATION.RPT	PDE Transaction Validation Report
9	*<Submitter ID>*.20180419. *.DDPS_ERROR_SUMMARY.RPT	PDE Error Summary Report
Plan-to-Plan		**Description**
1	*<Submitter ID>*.20180419. *.DDPS_P2P_PAYABLE.RPT	Plan-to-Plan Payable Report

	Document/Files by groupings and date	
2	*<Submitter ID>*.20180419. *.DDPS_P2P_PDE_ACC_C.RPT	Plan-to-Plan Covered Report
3	*<Submitter ID>*.20180419. *.DDPS_P2P_PDE_ACC_E.RPT	Plan-to-Plan Enhanced Report
4	*<Submitter ID>*.20180419. *.DDPS_P2P_PDE_ACC_O.RPT	Plan-to-Plan Over-the-Counter Report
5	*<Submitter ID>*.20180419. *.DDPS_P2P_PHASE3_RET.RPT	Plan-to-Plan Phase 3 Report
6	*<Submitter ID>*.20180419. *.DDPS_P2P_RECEIVABLE.RPT	Plan-to-Plan Receivable Report
7	*<Submitter ID>*.20180419. *.DDPS_P2P_RECONCILE.RPT	Plan-to-Plan Reconcile Report
PRS		**Description**
1	*<Submitter ID>*.20180419. *.DDPS_PRS_EXCLUSION.RPT	PRS Exclusion Report
RAPS		**Description**
1	*<Submitter ID>*.20180419. *.FERAS_RESP.RPT	RAPS Response Report
2	*<Submitter ID>*.20180419. *.RAPS_CUMULATIVE.RPT	RAPS Cumulative Report
3	*<Submitter ID>*.20180419. *.RAPS_DUPDX_RPT.RPT	RAPS Duplicate Diagnosis Report
4	*<Submitter ID>*.20180419. *.RAPS_ERRFREQ_MNTH.RPT	RAPS Error Frequency Report/Monthly
5	*<Submitter ID>*.20180419. *.RAPS_ERRFREQ_QTR.RPT	RAPS Error Frequency Report/Quarterly
6	*<Submitter ID>*.20180419. *.RAPS_ERROR_RPT.RPT	RAPS Error Report
7	*<Submitter ID>*.20180419. *.RAPS_MONTHLY.RPT	RAPS Monthly Error Report
8	*<Submitter ID>*.20180419. *.RAPS_RETURN_FLAT.RPT	RAPS Return Flat File Report
9	*<Submitter ID>*.20185859. *.RAPS_SUMMARY.RPT	RAPS Summary Report

APPENDIX A: ACRONYM LIST

Table 31: Acronym List

ACRONYM	DEFINITION
A	
ASC	Accredited Standards Committee
C	
CA	Claim Acknowledgement
CMS	Centers for Medicare & Medicaid Services
CSSC	Customer Service Support Center
D	
DDE	Direct Data Entry
DDPS	Drug Data Processing System
DME	Durable Medical Equipment
DOS	Disk Operating System
E	
EDFES	Encounter Data Front-End System
EDI	Electronic Data Interchange
EDPS	Encounter Data Processing System
F	
FERAS	Front-End Risk Adjustment System
FES	Front-End System
FTP	File Transfer Protocol
G	
GPNET	Government Program Network
H	
HIC	Health Insurance Claim Number
I	
ICD-9/ICD-10	International Classification of Diseases, Clinical Modification (versions 9 and 10)
ID	Identification Data
M	
MAO	Medicare Advantage Organization
MMP	Medicare – Medicaid Plan
N	
NA	Not Applicable
NCPDP	National Council for Prescription Drug Programs
NDM	Network Data Mover
NSV	Network Service Vendor
P	
PCN	Patient Control Number
PDE	Prescription Drug Event
PDFS	Prescription Drug Front-End System
R	
RA	Risk Adjustment
RAPS	Risk Adjustment Processing System
RAPS Data	Risk adjustment data submitted in the CMS proprietary abbreviated format
S	
SFTP	Secure File Transfer Protocol
U	
URL	Uniform Resource Locator

APPENDIX B: RECORD OF CHANGE

Table 32: Record of Change

Version Number	Date	Author/Owner	Description of Change
1.0	11/20/2017	FES Team	Initial creation.
2.0	08/04/2018	FES Team	Updates due to decommissioning of websites and TIBCO/SFTP Migrations.
2.1	08/10/18	FES Team	Updates to Encounter and MMP due to the TIBCO/SFTP Migration. Included NCPDP and Encounter Dental naming conventions for TIBCO Mailboxes.
2.2	08/21/18	FES Team	Updates to the SFTP Naming Conventions including RAPS and PDE and File Transfer Protocol (FTP)/SFTP processes.
2.3	09/11/18	FES Team	Remove FTP Information. Added new DDE processes.
2.4	09/13/18	FES Team	Revised SFTP process. Moved Appendix A: Record of Change to the last page. Changed to Appendix B. Updated Table of Content.
2.5	10/11/18	FES Team	Added Gentran Mailbox Processing File Names Section. Added Invalid File Naming Conventions. Cosmetic changes for better clarification. Updated Table of Contents.
2.6	12/12/18	FES Team	Updated GENTRAN Mailbox Processing File Names for Production and Test PDE. Cosmetic changes for consistency. Added Note for after 14 days reports are removed if not viewed.
2.7	1/24/2020	FES Team	Updated the term "Gentran" to "TIBCO MFT" throughout the document.