CMS Manual System	Department of Health & Human Services (DHHS)	
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)	
Transmittal 1337	Date: February 5, 2014	
	Change Request 8489	

**SUBJECT:** Encounter Data System Payer ID: Payer ID Creation for the Financial Alignment Demonstration for Medicare Medicaid Plans (MMPs)

**I. SUMMARY OF CHANGES:** Contractors shall make changes where necessary to accommodate the Medicare Advantage Encounter Data System for the Financial Alignment Demonstration (MMPs). Eight Payer IDs will need to be established. The Encounter Data System (EDS) front end contractor is Palmetto, GBA. The address shall be Palmetto, 17 Technology Circle, Columbia, SC 29203. These Payer IDs will only be used in the EDS. No other system or provider is impacted. CWF will update the Carrier table to accommodate this change.

Recommended Payer IDs are: MMP Medicaid A-80891; MMP Medicaid B-80892; MMP Medicaid Dental-80893; MMP NCPDP-80894; MMP Medicaid DME-80895; MMP Medicare A-80888; MMP Medicare B-80889; MMP Medicare DME-80890

**EFFECTIVE DATE: July 1, 2014** 

**IMPLEMENTATION DATE: July 7, 2014** 

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

# II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

#### III. FUNDING:

# For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

#### **IV. ATTACHMENTS:**

#### **One-Time Notification**

\*Unless otherwise specified, the effective date is the date of service.

# **Attachment - One-Time Notification**

Pub. 100-20 Transmittal: 1337 Date: February 5, 2014 Change Request: 8489

SUBJECT: Encounter Data System Payer ID: Payer ID Creation for the Financial Alignment Demonstration for Medicare Medicaid Plans (MMPs)

**EFFECTIVE DATE: July 1, 2014** 

**IMPLEMENTATION DATE: July 7, 2014** 

#### I. GENERAL INFORMATION

**A. Background:** Encounter Data System (EDS) is a process through which Medicare Advantage Plans submit post adjudicated encounters to CMS. The system leverages the FFS translator and the FFS CEM. As such any changes made to these systems impacts the EDS. Also, because the FFS translator and CEM may need to be modified for EDS separately from FFS, there are occasions when EDS may need a change to a reference table/file so the EDS can process encounters without impact the FFS files/tables.

This has occurred before when EDS needed to get the ICN changed and, when EDS needed to add Payer codes for the MA Inst and Professional payers.

In October, Medicare Medicaid Plans (Financial alignment Demonstration Plans) in the State of Massachusetts went into effect. EDS must collect MMP encounters. This change request is to allow for the EDS to separate the payers for the MA organizations from the MMP plans.

**B.** Policy: The Inpatient Prospective Payment System Rule for 2009, published August 19, 2008, revised section 422.310 of the 42 Code of Federal Regulations and clarified that MA plans can be required to submit encounter data for each item and service provided to an MA plan enrollee. In 2009, CMS changed its regulations to reassert the agency with the authority to collect encounter data, as already supported by statute. CMS has notified stakeholders of the intent to collect encounter data in the 2010 Advance Notice, which was released in February 2009. Thus CMS is collecting Part C utilization and cost data from MA plans. Encounter data will enhance CMS ability to measure and price utilization in the managed care sector. As of October 2013, encounters are being processed through the system for Medicare Medicaid Plans (MMPs)

# II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B		D	Shared-				Other	
		N	MAC		M	System				
					Е	Maintainers				
		A	В	Н		F	M	V	C	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					C	S				
8489.1	The contractor shall update the Carrier Table in the								X	
	CWF with the following numbers: Recommended									
	Payer IDs are: MMP Medicaid A-80891; MMP									
	Medicaid B-80892; MMP Medicaid Dental-80893;									
	MMP NCPDP-80894; MMP Medicaid DME-80895;									
	MMP Medicare A-80888; MMP Medicare B-80889;									

Number	Requirement	Re	Responsibility							
			A/B		D	Shared-				Other
		N	MAC		M	System				
					Е	Maintainers			ers	
		A	В	Н		F	M	V	C	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					C	S				
	MMP Medicare DME-80890.									
	All must have the same address:7500 Security Boulevard, Baltimore, MD 21244									

# III. PROVIDER EDUCATION TABLE

Number	Requirement	R	Responsibility			
			A/E MA(		D M	C E
					Е	D
		A	В	H H H	M A	I
	None				С	

# IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

<sup>&</sup>quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

# Section B: All other recommendations and supporting information: N/A

#### V. CONTACTS

**Pre-Implementation Contact(s):** Sharon Winchester, 410-786-4787 or sharon.winchester@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

#### VI. FUNDING

# **Section A: For Medicare Administrative Contractors (MACs):**

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authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.