DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Medicare-Medicaid Coordination Office

DATE: October 22, 2013

TO: Illinois Medicare-Medicaid Plans

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

SUBJECT: Establishing data exchanges and query functions with CMS for the Medicare-Medicaid Plan (MMP) — **ACTION**

This memorandum provides the steps necessary for Illinois Medicare-Medicaid Plans (MMPs) to establish connectivity with Centers for Medicare & Medicaid Services (CMS) payment and enrollment systems to conduct necessary data exchanges upon signing of the Three-Way Contract between Medicare-Medicaid Plans, the Illinois Department of Healthcare and Family Services (HFS), and CMS.

There are four steps in establishing these data exchanges with CMS:

Step	Activity	Responsible
A	Filling out Plan Connectivity Data (PCD) Module Online form	MMP
B	Designation of User Approver/External Point of Contact (EPOC) and their roles/responsibilities	MMP
C	Third Party Administrator's roles/responsibilities for the Financial Alignment Demonstrations	MMP, Infocrossing, Inc.
D	Individuals Authorized Access to the CMS Computer Services (IACS) registration process for Plan Users and State Users; and access to MARx	State

A. Entering Connectivity Data into HPMS Plan Connectivity Data (PCD) Module –

Prior to this point, MMP organizations must have established Health Plan Management System (HPMS) access and have received a five digit contract number that begins with a letter "H" followed by four numbers. The next step is to complete a Plan Connectivity Data (PCD) Module form available in HPMS under the Contract Management Tab with a

dropdown option of "Plan Connectivity". This is an online form which requires the connectivity information for how data will be transmitted or received between CMS, the HFS, and the MMP. CMS requires a hardcopy of this online form, with wet signature of the EPOC, to be filed with the MAPD Help Desk for all contract numbers before any files can be exchanged.   To access the Plan Connectivity Data User Guide, log into HPMS website (https://gateway.cms.gov or https://hpms.cms.gov) and click on the **Technical User's Manual** link located on the **Plan Connectivity Data Documentation** screen (Table I-7). Also, please find the attached Plan Connectivity Data User Guide.

If your organization needs a third party administrator for submitting CMS MARX-related transactions, Infocrossing, Inc., is going to be the only third party administrator; and therefore, the PCD Module form must be completed as follows:

Screen #1

Organization Technical Contact Information:
This should be contact information of the MMP organization (e.g. Name, Phone Number, Fax Number, Email Address, and Position)

Effective Date (MM/DD/YYYY): Must be later than the current date

Enrollment Submission Method Connectivity Type:
Select "3rd Party"

PDE Submission Method Connectivity Type:
                               &
RAPS Submission Method Connectivity Type:
MMPs do not have to use Infocrossing, Inc., to submit PDE and RAPS files to CMS. But if you want to use Infocrossing, Inc. for PDE and RAPS file submissions, put in "3rd Party" in the PDE and RAPS Submission Method Connectivity Type.

Complete the PDE and RAPS submission method appropriate for your organization. Be sure that the Prescription Drug Event (PDE) and Risk Adjustment Processing System (RAPS) submitter applications have been filed with Palmetto GBA, LLC. See the links:

- PDE submitter application - http://csscoperations.com/internet/cssc3.nsf/DocsCat/CSSC~CSSC%20Operations~Prescription%20Drug%20Event~Enroll%20to%20Submit%20PDE~7WSR890253?open&navmenu=Prescription^Drug^Event||||
- RAPS submitter application - http://csscoperations.com/internet/cssc3.nsf/DocsCat/CSSC~CSSC%20Operations~Risk%20Adjustment%20Processing%20System~Enroll%20to%20Submit%20Risk%20Adjustment%20Data~7TWRPK6318?open&navmenu=Risk^Adjustment^Processing^System||||

3rd Party Connectivity Type: Select "T1 Connect Direct" and complete the rest of the contact information
Name: Infocrossing – Michael Kettaneh
Phone Number: 714-986-8734
Email Address: Michael.Kettaneh@wipro.com
Position: Solution Developer

RACF ID's: TOE8

Screen #2

Organization EIN: 582040043
Contact Information for SPOE
Name**:** Michael Kettaneh
Phone**:** 714-986-8734
Email Address**:** Michael.Kettaneh@wipro.com
Transmitter ID: TOE8
Third Party Organization: SMS/Infocrossing West

Once all contact and connectivity data is keyed in the PCD module online form, the EPOC should select the create PDF option in the upper right hand corner of the screen (Table II-6) to print and sign the completed PCD form. Then the EPOC should mail the form to the following address:

MAPD Help Desk
10480 Little Patuxent Pkwy
Suite 1200
Columbia, Maryland 21044

And fax a copy of the completed PCD form to the MAPD Helpdesk at 410-740-4004.

B. **Designation of User Approver/External Point of Contact (EPOC) and EPOC's Roles/Responsibilities**

An EPOC is an approving official from an MMP who acts as the authorizer for approving end users requesting access to CMS systems (e.g. CMS MARx). **This person (or persons) cannot be an <u>end user</u> of CMS systems** and must have the authority in the MMP to authorize user access. Please note that CMS security policy requires separation of duties between system administrators and end users; and a portion of the EPOC's job is considered a system administrator function. CMS recommends the EPOC be a responsible IT security manager or supervisor in the MMP. Also, it is recommended that each MMP designate two EPOCs per MMP contract number. One may serve as a primary and the other may serve as a back-up. Any EPOCs who are already serving as approver(s) for existing Medicare

Advantage contracts and who will also be serving as an EPOC for a new MMP contract **must** be included in this letter.

1. Designating an EPOC and a letter to CMS –

   As a first step in EPOC registration, the MMP must appoint an EPOC in their organization and submit a letter to CMS that contains the following:

   - Typed/printed letter on organizational letterhead,
   - Mailing address,
   - Approving officer's telephone number and email address
   - List of contract number (s) for which the EPOC will approve users,

     (Note: Please list **all** contract numbers including the new MMP contract number for which the EPOC will approve users.)

   - EPOC's information: name, title, mailing address, e-mail address (must use an organizational email domain; it cannot not be a Gmail, Yahoo, Hotmail, or any publically available email domain), and telephone number.

   - Signature of the company official signing the letter identifying the EPOC(s) of their organization.

   The original signed copy of this letter must be mailed to:
   The Centers for Medicare & Medicaid Services
   CM/MPPG/DPO
   7500 Security Boulevard, Mail Stop C1-05-17
   Baltimore, MD 21244

   Please find the attached template of the EPOC designation letter.

2. EPOC registration and their roles/responsibilities –

   Once the EPOC designation letter has been sent to CMS the EPOC must register in the IACS system (https://applications.cms.hhs.gov) for the new MMP contract number. New EPOCs should use the **'New User Registration'** link to register as an EPOC. Existing EPOCs should use the **'My Profile'** link and modify their profiles to add the new MMP contract number. Information about the EPOC registration process can be found in the IACS User Guide: http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/IACS/Downloads/IACS-User-Guide.pdf.

Once the registration has been approved by CMS, the new EPOCs will receive an email confirmation with a User ID and initial password. This will need to be changed after logging in for the first time. Existing EPOCs will see a new addition of the MMP contract number listed in their profile.

The basic duties of an EPOC are:

- Approving Infocrossing, Inc., as the **one** of their MA submitter[1]

- Approving State users (MMP Users) from HFS[2]

- Approving Plan users (MCO Representatives) from their Plan

- Adding/Deleting/Updating users from State and Plan

Any changes to the EPOC designation (e.g. adding an EPOC or replacing an EPOC with another individual) require the MMP to follow the above instructions and submit an updated EPOC designation letter to CMS address above.

C. Third Party Administrator (Infocrossing, Inc.) and their roles/responsibilities –

Infocrossing, Inc. is the MMP enrollment vendor who will be the **only** submitter for enrollment-related transactions for the States participating in the capitated financial alignment demonstration. Therefore, EPOCs should only approve Infocrossing, Inc. as their submitter.

Note: MMPs may use their existing MA submitters from their parent organization for this demonstration.

Infocrossing, Inc. has the following responsibilities:

- Perform file format check and validate data and return errors or mismatches for correction and re-submission,

- Perform a Medicare eligibility check against the Medicare Beneficiary Database (MBD),

- Create enrollment-related transactions in MARx format and send it to CMS MARx system,

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[1] Note that Infocrossing, Inc. is going to assume the role of "Medicare Advantage (MA) submitter". EPOC must approve Infocrossing, Inc., as one of their Plan's submitter. Otherwise, States will not be able to submit enrollment requests to CMS MARx enrollment system. However, Plans can use one of their approved MA submitters they have in their organization and do not have to use Infocrossing, Inc., to send MARx transmissions to CMS.
[2] State users are HFS staff or HFS's enrollment broker, MAXIMUS.

- Forward daily transaction reply report from CMS to States, and

- Ensure all applicable enrollment- and financial-related files (e.g. Daily Transaction Reply Report, Monthly Full Enrollment Data File) are forwarded to States.

D. IACS registration and gaining access to CMS MARx system –

Before getting access to the CMS MARx system, end users (from States and MMPs) must register in the IACS system and get access approval from their EPOC. Upon successful registration and with EPOC approval users will be given a seven-character User ID and password with the following role:

- State users will apply for the **"MMP User"** role and list all the MMP contracts (e.g. H-contract #) they will perform data exchanges for during the IACS registration. Please find the attached IACS registration user guide that provides step-by-step instructions for the State users.
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- Plan users will apply for the **"MCO Representative"** role and select their MMP contract number during the IACS registration. For more information about setting up as an MCO Representative role Plan Users should refer to the IACS User Guide: http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/IACS/Downloads/IACS-User-Guide.pdf

After obtaining a user ID and password a MARx UI user profile will be created and users will be able to access MARx to view a beneficiary's Medicare status. For more details about the MARx UI, please see page 10-1 of the Plan Communications User Guide: http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Downloads/PCUG-Main-Guide-v71-September-4-2013.pdf

Please find the attached IACS Registration Guide for State Users.

If you have any questions regarding the steps outlined in this document, please contact:

Phone: 1-800-927-8069

Email: MAPDHelp@cms.hhs.gov

For general questions about the MMP demonstration, please send your questions to:

Email: MMCOCapsmodel@cms.hhs.gov