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

Medicare-Medicaid Coordination Office

DATE: August 10, 2016

TO: Medicare-Medicaid Plans (MMPs) Participating in the Capitated Model Demonstrations under the Financial Alignment Initiative

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

SUBJECT: Specific Expectations Concerning the Timely Submission of Encounter Data by Medicare-Medicaid Plans (MMPs) to CMS

This memo clarifies that the MMP encounter data submission requirements are not impacted by the HPMS memo of July 26, 2016, entitled "Encounter Data Submission Timing Guidance-Reminder and Update," which was directed to Medicare Advantage plans. The MMP guidelines that remain in effect can be found in the HPMS Memo dated October 24, 2013 and in the Medicare-Medicaid Capitated Financial Alignment Model Quality Withhold Technical Notes (DY1) released in June 2014 (link may be accessed at this link: www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/DY1QualityWithholdGuidance060614.pdf).

In addition, we are using this opportunity to reiterate key requirements as well as strategies to promote meeting them. As stated in previous memos, all encounter data for Medicare and Medicaid institutional services (837I), professional services (837P), DME (837P DME), Medicaid Dental services (837D) and Medicaid additional drugs (NCPDP PA 4.2) are expected to be submitted to CMS at least monthly. MMPs (or their third party submitter) may choose to submit more frequently.

- MMP encounter data must still be submitted within 180 days from ending date of service. We encourage MMPs to work with their providers to ensure timely submission of claims.
- If an MMP is currently processing a backlog of un-submitted original encounters, please note that Medicare encounters are most time sensitive for evaluation purposes. CMS needs access to complete Medicare encounter data to produce the required annual report for the evaluation of each demonstration under the Financial Alignment Initiative. While the annual reports will initially focus on Medicare encounters, future reports will also include Medicaid encounters.
- The Contract Management Teams (CMTs) will be in touch with MMPs directly to convey the due date for encounters required for the period covered by the next annual evaluation report. (Please note, all data are required, this is only to help with

prioritization as it pertains to the interim goal of receiving data needed for the annual reports).

- We wish to highlight the importance of processing all response reports (TA1 Interchange Acknowledgements, 277CA Claims Acknowledgements, 999 Implementation Acknowledgements) as well as the MAO-001 Encounter Data Duplicates and MAO-002 Encounter Data Processing Status backend reports (Medicare only) to assure that submissions were not just received -- but also accepted by -- CMS.
- Part D Drug Events (PDEs) and Risk Adjustment Process Systems (RAPS) submissions must adhere to the original requirements as documented on the CSSC Operations website under the corresponding tabs and do not fall under separate demonstration guidelines.

Questions

Please bring any unexpected issues encountered during the submission process promptly to the attention of the staff at CSSC Operations (1-877-534-2772 or csscoperations@palmettogba.com for resolution.

If your plan is facing a delay or backlog in Encounter Data submissions for a subset of service categories or overall, please notify Goldy Austen (Goldy.Austen@cms.hhs.gov) or Joe Del Pilar (joseph.delpilar@cms.hhs.gov) in the Medicare-Medicaid Coordination Office so that the Contract Management Team and RTI evaluation team are aware of the circumstances.

For additional questions, please contact Goldy Austen (Goldy.Austen@cms.hhs.gov).