

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2139</b>	<b>Date: September 14, 2018</b>
	<b>Change Request 10870</b>

**SUBJECT: Monthly Status Report (MSR) Excel Data Template Updates and Implementation of Medicare Administrative Contractor (MAC)/Centers for Medicare & Medicaid Services (CMS) Data Exchange (MDX) Portal System - This CR Rescinds and Fully Replaces CR 10399.**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request is to seek the MAC's evaluation of the impact of related activities for the new MSR Excel data template to determine if a contract modification is needed.

**EFFECTIVE DATE: September 27, 2018 - MSRE Reporting date moved back for the August 2018 MSRE data. All subsequent reporting periods will be the 20th of the month.**

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

**IMPLEMENTATION DATE: September 27, 2018 - MSRE Reporting date moved back for the August 2018 MSRE data. All subsequent reporting periods will be the 20th of the month.**

*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-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	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 obligated 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**

# Attachment - One-Time Notification

Pub. 100-20	Transmittal: 2139	Date: September 14, 2018	Change Request: 10870
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**SUBJECT: Monthly Status Report (MSR) Excel Data Template Updates and Implementation of Medicare Administrative Contractor (MAC)/Centers for Medicare & Medicaid Services (CMS) Data Exchange (MDX) Portal System - This CR Rescinds and Fully Replaces CR 10399.**

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## **I. GENERAL INFORMATION**

**A. Background:** CMS' Medicare Contractor Management Group (MCMG) updates Part A and Part B MAC MSR Word and Excel templates annually to ensure that these reports continue to capture meaningful and useful information about the MACs' activities and performance across business functions.

In addition to the existing MSR Word template, CMS is providing a new MSR Excel data template that MACs are also required to submit. The new MSR Excel data template replaces the current MSR contractor supplied data Excel data template that MACs use to submit their monthly operational data.

**B. Policy:** In November 2013, CMS issued updated MSR contractor supplied data metrics requirements for all A/B MACs. A/B MACs have been reporting this information to CMS since December 2013.

**MSRE Reporting date moved back for the August 2018 MSRE data to September 27, 2018. All subsequent reporting periods will be no later than the 20th of the month for submission of the month priors' data.**

Beginning no later than September 27, 2018 all A/B and Durable Medical Equipment MACs will employ the new MSR Excel (MSRE) data template and report for the August 2018 reporting period to the CMS Analysis, Reporting and Tracking (ART) System and the new MDX Portal. Additionally, all A/B and Durable Medical Equipment MACs will employ the new MSRE data template and report for each month for calendar year 2018; beginning with January 2018 through the most recent reporting period no later than November 20, 2018.

The MDX Portal is a web-based application designed to provide the MACs and MCMG with a data-importing tool, centralized data repository, automated data validation, and it identifies each submitter of a file. The MDX Portal will also serve as a communications platform facilitating collaboration between the MAC and its respective CMS MAC contract oversight team. It will be used for data submission issue resolution activities and information. It also provides functionality for MACs to update files to ensure the database has the most current data, tracks and provides a history of time and date-stamped file submissions. MACs will also have the ability to view dashboard visualizations and report query capabilities in the MDX Portal. The MDX Portal will be in production on September 10, 2018.

MDX Portal users will need to register an account with the CMS Enterprise Identity Management (EIDM) system.

There are two MAC User Roles in the MDX Portal: **MDX M Point of Contact (POC)** and an **MDX MAC USER**. The differences are that the MDX MAC POC User can submit files, resubmit files, and override validation findings, while the MDX MAC USER cannot. The following is a summary of the role

capabilities:

### MDX MAC POC Role Capabilities

- Submit (upload) MSR Excel data template files to the MDX Portal
- Submit (upload) MSR Word files
- Override MSR Excel data template file validation findings within the MDX Portal
- Resubmit MSR Excel data template files
- View submitted MSR Excel data template and MSR Word files
- Download submitted MSR Excel data template and MSR Word files
- Comment on submitted MSR Excel data template
- View dashboard and reports.

### MDX MAC USER Role Capabilities

- View submitted MSR Excel data template and MSR files
- Download submitted MSR Excel data template and MSR files
- Comment on submitted MSR Excel data template and MSR files
- View dashboard and reports

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E  M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
10870.1	Contractors shall develop a monthly status report (MSR) in the format and content as described in the MSR Section of the Statement of Work for submission to the COR no later than the 20th of the following month using the CMS provided MSR Word and MSR Excel Data templates.	X	X	X	X					
10870.2	Contractors shall register in EIDM to obtain an MDX Portal user account. <b>NOTE: EIDM and MDX Portal user role request Help Cards are attached.</b>	X	X	X	X					
10870.3	Contractors shall submit the MSR Excel data template file to the MDX Portal by the 20th of each Month. <b>NOTE: Should the 20th fall on the weekend the MSR Excel data template file shall be submitted on the first business day thereafter. Instructions for MSRE file formats and data entry are included as an attachment with this CR.</b>	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			D M E  M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	<p>The MSR Excel data template file extension must be the ‘.xlsx’ version of Excel.</p> <p>The naming convention for MSR Excel data template file submission is as follows;</p> <p><i>Jurisdiction_Month_Year_MSRE_Version#.xlsx</i> (Example: <i>JX_Aug_2017_MSRE_v1.xlsx</i>).</p> <p>·“Jurisdiction” is the two-letter or three-letter abbreviation of the jurisdiction for which the data is being submitted.</p> <p>·“Month” is the three-letter abbreviation of the month for which the data is being submitted.</p> <p>·“Year” is the four-digit year for which the data is being submitted.</p> <p>·“Version#” is the version number for the file being submitted. There is no limitation to how many versions of a file can be submitted each month.</p>									
10870.4	<p>Contractors shall submit the MSR Word file to the MDX Portal by the 20th of each Month.</p> <p><b>NOTE: Should the 20th fall on the weekend, the MSR shall be submitted on the first business day thereafter.</b></p> <p>The MSR MS Word file extension must be the ‘.docx’ version of Word.</p> <p><i>Jurisdiction_Month_Year_MSRW_Version#.xlsx</i> (Example: <i>JX_Aug_2017_MSRW_v1.docx</i>).</p> <ul style="list-style-type: none"><li>• “Jurisdiction” is the two-letter or three-letter abbreviation of the jurisdiction for which the data is being submitted.</li><li>• “Month” is the three-letter abbreviation of the month for which the data is being submitted.</li><li>• “Year” is the four-digit year for which the data is being submitted.</li><li>• “Version#” is the version number for the file being submitted. There is no limitation to how many versions of a file can be submitted each month.</li></ul>	X	X	X	X					

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10870.5	Contractors shall utilize the new MSRE data template for the August 2018 reporting period no later than September 27, 2018.	X	X	X	X						
10870.5.1	Contractors shall upload the new MSRE data template for the August 2018 reporting period in the MDX Portal between the dates of September 10th and September 27th 2018.	X	X	X	X						
10870.6	Contractors shall complete the new MSRE data template for each monthly reporting period in calendar year 2018 beginning with January 2018 through October 2018 and report into the MDX Portal into no later than November 20, 2018.	X	X	X	X						
10870.7	Contractors shall report the new MSRE data template to the CMS ARTs system.	X	X	X	X						

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

### IV. SUPPORTING INFORMATION

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

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

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

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Brent Bowden, 410-786-8124 or Brent.Bowden@cms.hhs.gov , Emily Norment, 410-786-0495 or Emily.Norment@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## **VI. FUNDING**

### **Section A: 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 obligated 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.

**ATTACHMENTS: 7**

<b>Part A Bills - CM/MCMG/DPA</b>
Bills Received
Number of Electronic Bills
Number of Paper Bills
Bills Processed
Percent RAs Electronically Sent
Bills Pending
Pending Days Work On Hand
Bills Pending 31 - 60 Days
Percent of Pending 31-60 Days
Bills Pending Over 60 Days
Percent of Pending Over 60 Days
Bills Pending 46 - 100 Days
Bills Pending 101 - 180 Days
Bills Pending 181 - 260 Days
Bills Pending 261 - 365 Days
Bills Pending 366 - 500 Days
Bills Pending 501 - 998 Days
Bills Pending 999 Days
Bills Not Approved
Percent Bills Not Approved
Bills Interest Paid On
Interest Dollars Paid
Clean EMC Bills Processed In 14-30 Days (Std: NLT 95%)
Clean Paper Bills Processed In 29-30 Days (Std: NLT 95%)
Clean Bills Processed Timely (Std: NLT 95% w/i 30 days - combined EMC/Paper Bills)
Other-Than-Clean Bills Processed Timely (Std: NLT 100% w/i 45 days)
Part A Suspense Rate *

<b>Part B Claims - CM/MCMG/DPA</b>
Claims Received
Number of Electronic Claims
Number of Paper Claims
Claims Processed
Replicate Claims
Claims Processed Less Replicate Claims
Percent RAs Electronically Sent
Claims Pending
Pending Days Work On Hand
Claims Pending 1 - 30 Days
Percent of Pending $\leq$ 30 Days
Claims Pending 31 - 60 Days
Percent of Pending 31-60 Days
Claims Pending 61-90 Days
Percent of Pending 61-90 Days
Claims Pending Over 90 Days
Percent of Pending Over 90 Days
Claims Pending 46 - 100 Days
Claims Pending 101 - 180 Days
Claims Pending 181 - 260 Days
Claims Pending 261 - 365 Days
Claims Pending 366 - 500 Days
Claims Pending 501 - 998 Days
Claims Pending 999 Days
Claims Denied
Percent Claims Denied
Claims Interest Paid On
Interest Dollars Paid
Clean EMC Claims Processed In 14-30 Days (Std: NLT 95%)
Clean Paper Claims Processed In 29-30 Days (Std: NLT 95%)
Clean Claims Processed Timely (Std: NLT 95% w/l 30 days - combined EMC/Paper claims)
Other-Than-Clean Claims Processed Timely (Std: NLT 100% w/i 45 days)
Part B EMC Suspense Rate*
Part B Paper Suspense Rate*



<b>Part A Appeals - CM/MEAG/DAO</b>
Redetermination Opening Pending
Adjustments to Pending
Adjusted Pending
Redetermination Requests Received
Initial Determinations Appealed
Redeterminations Processed
Number of Claims Cleared
Redeterminations Pending
Pending 1-30 days
Pending 31-60 Days
Pending 61-74 Days
Pending Over 74 Days
Processing Timeliness (w/o addl doc) (Std: 100% w/i 60 days)
Average Processing Time (days) Without Additional Documentation
Redeterminations Reversal Rate
Redetermination Effectuation Timeliness (Std: 100% w/i 30 days)
Processing Timeliness (with doc) (Std: 100% w/i 74 days)
Average Processing Time (days) With Additional Documentation
Timeliness of Forwarding Misdirected Redetermination Requests (Std: 100% w/i 60 days)
Number of QIC Requests For Case Files
Number of QIC Case Files Forwarded
QIC Decision Effectuation Timeliness
Number of QIC Decisions Requiring Contractor Computed Amount
Number of QIC Effectuations Pending
Pending 31-60 Days
Pending Over 60 Days
<b>Part A Appeals (continued)</b>
ALJ Decision Effectuation Timeliness
Number of ALJ Decisions Requiring Contractor Computed Amount
Total Clerical Error Reopening Requests Received
Claimant Initiated Clerical Error Reopening Requests Processed
Claimant Initiated Clerical Error Reopening Request Processing Timeliness (Std: 100% w/i 60 days)
Redetermination Cases Received On RAC Determinations
Number of Redetermination Cases Cleared on RAC Determinations
Number of Claims Cleared on RAC Determinations
Number of Redetermination Cases Cleared on RAC determinations Needing Additional Documentation
Number of Claims Cleared on RAC Determinations Needing Additional Documentation
<b># of ALJ Hearings/Support*</b>
Timeliness of Forwarding Case Files to QIC (Std: 100% w/5 days)

Timeliness of Forwarding Case Files to QIC via a Mutually Agreed Upon Electronic Mechanism (Std: 100% w/7 days)

<b>Part B Appeals - CM/MEAG/DAO</b>
Redetermination Opening Pending
Adjustments to Pending
Adjusted Pending
Redetermination Requests Received
Initial Determinations Appealed
Redeterminations Processed
Number of Claims Cleared
Redeterminations Pending
Pending 1-30 days
Pending 31-60 Days
Pending 61-74 Days
Pending Over 74 Days
Processing Timeliness (w/o addl doc) (Std: 100% w/i 60 days)
Average Processing Time (days) Without Additional Documentation
Redeterminations Reversal Rate
Redetermination Effectuation Timeliness (Std: 100% w/i 30 days)
Processing Timeliness (with addl doc) (Std: 100% w/i 74 days)
Average Processing Time (days) With Additional Documentation
Timeliness of Forwarding Misdirected Redetermination Requests (Std: 100% w/i 60 days)
Number of QIC Requests For Case Files
Number of QIC Case Files Forwarded
QIC Decision Effectuation Timeliness
Number of QIC Decisions Requiring Contractor Computed Amount
Number of QIC Effectuations Pending
Pending 31-60 Days
Pending Over 60 Days
<b>Part B Appeals (continued)</b>
ALJ Decision Effectuation Timeliness
Number of ALJ Decisions Requiring Contractor Computed Amount
Total Clerical Error Reopening Requests Received
Claimant Initiated Clerical Error Reopening Requests Processed
Claimant Initiated Clerical Error Reopening Request Processing Timeliness (Std: 100% w/i 60 days)
Redetermination Cases Received On RAC Determinations
Number of Redetermination Cases Cleared on RAC Determinations
Number of Claims Cleared on RAC Determinations
Number of Redetermination Cases Cleared on RAC determinations Needing Additional Documentation
Number of Claims Cleared on RAC Determinations Needing Additional Documentation

<b># of ALJ Hearings/Support*</b>
Timeliness of Forwarding Case Files to QIC (Std: 100% w/5 days)
Timeliness of Forwarding Case Files to QIC via a Mutually Agreed Upon Electronic Mechanism (Std: 100% w/7 days)

<b>PRRS BCC Escalations- OC/CCOG/DCCO</b>
PRRS BCC Escalations Beginning Inventory
PRRS BCC Escalations Receipts
PRRS BCC Escalations Pending
Pending PRRS BCC Escalations Inventory Under 45 Days
Pending PRRS BCC Escalations Inventory Over 45 Days
PRRS BCC Escalations Final Response Sent w/i 1 - 25 Business Days
PRRS BCC Escalations Final Response Sent w/i 26 - 45 Business Days
PRRS BCC Escalations Final Response Sent Over 45 Business Days
PRRS BCC Escalations Completed w/i 25 Days (Std: 75%)
PRRS BCC Escalations Completed w/i 45 Days (Std: 100%)
Interim Responses Sent w/i 45 Business Days
Interim Responses Sent Over 45 Business Days
Number of Responses Waiting for Additional Information (Interim Response Previously Sent)
Final Responses Sent After Interim Response - 0-5 Business Days
Final Responses Sent After Interim Response - Over 5 Business Days
<b>Congressional Inquiries- OC/CCOG/DCCO</b>
Congressional Inquiry Beginning Inventory
Congressional Inquiry Receipts
Congressional Inquiry Pending
Pending Congressional Inventory Under 10 Days
Pending Congressional Inventory Over 10 Days
Congressional Inquiry Final Response Sent w/i 10 Business Days
Congressional Response Timeliness (Std: 100% w/i 10 business days)
Interim Responses Sent w/i 10 Business Days
Interim Responses Sent Over 10 Business Days
Number of Responses Waiting for Additional Information (Interim Response Previously Sent)
Final Responses Sent After Interim Response - 0-5 Business Days
Final Responses Sent After Interim Response - Over 5 Business Days

<b>Audit - OFM/FSG/DPAO</b>
<b>Cost Report Acceptabilities</b>
Cost Report Acceptabilities Planned
Cost Report Acceptabilities Actual
Cost Report Acceptabilities Timeliness Percentage
<b>Tentative Settlements</b>
Tentative Settlements Planned
Tentative Settlements Actual
Tentative Settlements Timeliness Percentage
<b>Full Desk Reviews</b>
Full Desk Reviews Planned
Full Desk Reviews Actual
<b>Limited Desk Reviews</b>
Limited Desk Reviews Planned
Limited Desk Reviews Actual
<b>Audits Started</b>
Audits Started Planned
Audits Started Actual
<b>Audits Completed</b>
Audits Completed Planned
Audits Completed Actual
<b>NPRs With Audit</b>
NPRs With Audit Planned
NPRs With Audit Actual
<b>NPRs Without Audit</b>
NPRs Without Audit Planned
NPRs Without Audit Actual
NPRs Without Audit Timeliness Percentage
<b>Audit (continued)</b>
<b>PRRB Appeal Cases Closed</b>
PRRB Appeal Cases Closed Planned
PRRB Appeal Cases Closed Actual
<b>Intermediary Appeals Closed</b>
Intermediary Appeals Closed Planned
Intermediary Appeals Closed Actual

<b>Reopenings</b>
Reopenings Planned
Reopenings Actual
<b>Wage Index Reviews</b>
Wage Index Reviews Planned
Wage Index Reviews Actual
<b>Interim Rate Reviews</b>
Interim Rate Reviews Planned
Interim Rate Reviews Actual
<b>PIP Reviews</b>
PIP Reviews Planned
PIP Reviews Actual
# of provider-based determination recommendations sent to the regional office during the period.

<b>Overpayment Recovery - Part A - OFM/AMG/DFOIC</b>	
All Checks Deposited In Bank Timely	(Std: 100% w/i 24 hours)
# of Non-MSP Checks Received	
# of Non-MSP Checks Not Worked/Pending for the Month	
Receipts)	
Processed)	
Pending)	
Received)	
Processed)	
Pending)	
Adjudicate and Post Provider, Physician or Other Supplier Voluntary/Unsolicited Refund Checks Timely	
(Std: 100% w/i 60 days)	
# of Provider, Physician or Other Supplier Debts Sent to Treasury	
Delinquent Debt Sent to Treasury Timely	(Std: 100% w/i 120 days)
# of Extended Repayment Schedule (ERS) Completed	
ERS's Completed Timely	(Std: 100% w/i 30 Days)
# of Initial Demand Letters sent	
# of Initial Demand Letters returned as undeliverable	
# of Undeliverable Demand Letters that were resent to new address	



<b>Overpayment Recovery - Part B - OFM/AMG/DFOIC</b>	
All Checks Deposited In Bank Timely	(Std: 100% w/i 24 hours)
# of Non-MSP Checks Received	
# of Non-MSP Checks Not Worked/Pending for the Month	
Receipts)	
# of Provider, Physician or Other Supplier Checks Processed on an Established Debt	(Solicited
Debt Processed)	
Pending)	
Received)	
Processed)	
Pending)	
Adjudicate and Post Provider, Physician or Other Supplier Voluntary/Unsolicited Refund Checks Timely	
(Std: 100% w/i 60 days)	
# of Provider, Physician or Other Supplier Debts Sent to Treasury	
Delinquent Debt Sent to Treasury Timely (Std: 100% w/i 120 days)	
# of Extended Repayment Schedule (ERS) Completed	
ERS's Completed Timely	(Std: 100% w/i 30 Days)
# of Initial Demand Letters sent	
# of Initial Demand Letters returned as undeliverable	
# of Undeliverable Demand Letters that were resent to new address	

<b>Medical Review - Part A - CPI/PCG/DMRE</b>
# of claims received into contractor
<b>AUTOMATED REVIEW</b>
# claims received ("hitting") due to an MR automated edit
# claims denied, reduced or rejected due to an MR automated edit
# of claims denied from LCD driven edit
# of active MR automated edits
<b>Non-Medical Record Review (MRR) (formerly Routine Reviews)</b>
# of claims reviewed for non-MRR
# of claim denials (in whole or part) for non-MRR
# of providers/suppliers subjected to non-MRR
<b>Prepay Provider-Specific Probe Medical Record Review (MRR)</b>
# of claims reviewed for prepay provider-specific probe MRR
# of claim denials (in whole or part) from a prepay provider-specific probe MRR
# of providers/suppliers subject to prepay provider-specific probe MRR
# of prepay provider-specific probe MRR (not claims) pending
# of prepay provider-specific probe MRR (not claims) completed
<b>Postpay Provider-Specific Probe Medical Record Review (MRR)</b>
# of claims reviewed for postpay provider-specific probe MRR
# of claim denials (in whole or part) from a postpay provider-specific probe MRR
# of providers/suppliers subject to postpay provider-specific probe MRR
# of postpay provider-specific probe MRR (not claims) pending
# of postpay provider-specific probe MRR (not claims) completed
<b>Prepay Service-Specific Probe Medical Record Review (MRR)</b>
# of claims reviewed for prepay service-specific probe MRR
# of claim denials (in whole or part) for prepay service-specific probe MRR
# of providers/suppliers subject to prepay service-specific probe MRR
# of prepay service-specific probe MRR (not claims) pending
# of prepay service-specific probe MRR (not claims) completed
<b>Postpay Service-Specific Probe Medical Record Review (MRR)</b>
# of claims reviewed for postpay service-specific probe MRR
# of claim denials (in whole or part) for postpay service-specific probe MRR
# of providers/suppliers subject to postpay service-specific probe MRR
# of postpay service-specific probe MRR (not claims) pending
# of postpay service-specific probe MRR (not claims) completed
<b>Prepay Provider-Specific Medical Record Review (MRR)</b>
# of claims reviewed for prepay provider-specific MRR
# of claims pending prepay provider-specific MRR
# of claim denials (in whole or part) from prepay provider-specific MRR

# of provider/supplier claims subject to prepay provider-specific MRR review
<b>Prepay Service-Specific Medical Record Review (MRR)</b>
# of claims reviewed for prepay service-specific MRR
# of claims pending prepay service-specific MRR
# of claim denials (in whole or part) from prepay service-specific MRR
# of provider/supplier claims subject to prepay service-specific MRR review
<b>Postpay Provider-Specific Medical Record Review (MRR)</b>
# of claims reviewed for postpay provider-specific MRR
# of claims pending for postpay provider-specific MRR
# of claim denials (in whole or part) from postpay provider-specific MRR
# of provider/supplier claims subject to postpay provider-specific MRR review
<b>Postpay Service-Specific Medical Record Review (MRR)</b>
# of claims reviewed for postpay service-specific MRR
# of claims pending for postpay service-specific MRR
# of claim denials (in whole or part) from postpay service-specific MRR
# of provider/supplier claims subject to postpay service-specific MRR review
<b>PRIOR DETERMINATION OF MEDICAL NECESSITY (PDMN) / PRIOR DETERMINATION</b>
# of PDMN or Prior Determination requests received
# of PDMN or Prior Determination requests accepted
# of PDMN or Prior Determination accepted requests completed
<b>Medical Review - Part A (continued)</b>
<b>LCD DEVELOPMENT AND MANAGEMENT</b>
# of new LCDs published for comment
# of new LCDs finalized and published for notice
# of existing LCDs published for comment
# of existing LCDs finalized and published
# of existing LCDs revised due to reconsideration request
# of LCDs retired
# of new IDEs approved or denied
<b>One-on-One Education</b>
# of educational contacts by the Medical Review Unit
# of providers/suppliers educated by the Medical Review Unit
<b>REFERRALS</b>
# of referrals to POE by the Medical Review Unit
# of referrals to the PSC/ZPIC by the Medical Review Unit
# of referrals to the RAC by Medical Review Unit
<b>MEDICAL REVIEW REOPENINGS</b>
# of Medical Review Reopening requests received

# of Medical Review Reopening requests resulting in payment
<b>APPEALS</b>
# of prepay & postpay review claims/determinations completed at first level appeal
# of prepay & postpay review claims/determinations overturned on first level appeal
# of prepay & postpay review claims/determinations completed at second level appeal
# of prepay & postpay review claims/determinations overturned on second level appeal
<b>DATA REQUESTS</b>
# of data requests received from external sources
# of data requests received from internal sources (by MR only)
<b>THIRD PARTY LIABILITY (TPL) AND DEMAND BILLS</b>
# TPL claims reviewed
# TPL claims denied in whole or in part
# demand bills received
# demand bills processed
<b>ALJ HEARINGS INTERVENTION REPORTING</b>
<b>Current reporting month data</b>
# of ALJ Hearing notices contractor received this month
# of ALJ hearings participated in this month
# of ALJ hearings party to this month
<b>EXTERNALLY DIRECTED REVIEWS</b>
# of claims reviewed
# of claims pending
# providers/suppliers from UPIC
# providers/suppliers from OIG/GAO
# providers/suppliers from RAC
<b>DECISIONS RECEIVED IN CURRENT REPORTING MONTH</b>
<b>(with oral participation)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with written participation)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)

Number of Claims (full reversals)
<b>(with party status)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with no participant/party status)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with oral participation)</b>
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with written participation)</b>
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with party status)</b>
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with no participant/party status)</b>
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with oral participation)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with written participation)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)

AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with party status)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with no participant/party status)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)

<b>Medical Review - Part B - CPI/PCG/DMRE</b>
# of claims received into contractor
<b>AUTOMATED REVIEW</b>
# claims received ("hitting") due to an MR automated edit
# claims denied, reduced or rejected due to an MR automated edit
# of claims denied from LCD driven edit
# of active MR automated edits
<b>Non-Medical Record Review (MRR) (formerly Routine Reviews)</b>
# of claims reviewed for non-MRR
# of claims denials (in whole or part) for non-MRR
# of providers/suppliers subject to non-MRR
<b>Prepay Provider-Specific Probe Medical Record Review (MRR)</b>
# of claims reviewed for prepay provider-specific probe MRR
# of claim denials (in whole or part) from a prepay provider-specific probe MRR
# of providers/suppliers subject to prepay provider-specific probe MRR
# of prepay provider-specific probe MRR (not claims) pending
# of prepay provider-specific probe MRR (not claims) completed
<b>Postpay Provider-Specific Probe Medical Record Review (MRR)</b>
# of claims reviewed for postpay provider-specific probe MRR
# of claim denials (in whole or part) from a postpay provider-specific probe MRR
# of providers/suppliers subject to postpay provider-specific probe MRR
# of postpay provider-specific probe MRR (not claims) pending
# of postpay provider-specific probe MRR (not claims) completed
<b>Prepay Service-Specific Probe Medical Record Review (MRR)</b>
# of claims reviewed for prepay service-specific probe MRR
# of claim denials (in whole or part) for prepay service-specific probe MRR
# of providers/suppliers subject to prepay service-specific probe MRR
# of prepay service-specific probe MRR (not claims) pending
# of prepay service-specific probe MRR (not claims) completed
<b>Postpay Service-Specific Probe Medical Record Review (MRR)</b>
# of claims reviewed for postpay service-specific probe MRR
# of claim denials (in whole or part) for postpay service-specific probe MRR
# of providers/suppliers subject to postpay service-specific probe MRR
# of postpay service-specific probe MRR (not claims) pending
# of postpay service-specific probe MRR (not claims) completed
<b>Prepay Provider Specific Medical Record Review (MRR)</b>
# of claims reviewed for prepay provider-specific MRR
# of claims pending prepay provider-specific MRR
# of claim denials (in whole or part) from prepay provider-specific MRR

# of provider/supplier claims subject to prepay provider-specific MRR review
<b>Prepay Service Specific Medical Record Review (MRR)</b>
# of claims reviewed for prepay service-specific MRR
# of claims pending prepay service-specific MRR
# of claim denials (in whole or part) from prepay service-specific MRR
# of provider/supplier claims subject to prepay service-specific MRR review
<b>Postpay Provider-Specific Medical Record Review (MRR)</b>
# of claims reviewed for postpay provider-specific MRR
# of claims pending postpay provider-specific MRR
# of claim denials (in whole or part) from postpay provider-specific MRR
# of provider/supplier claims subject to postpay provider-specific MRR review
<b>Postpay Service-Specific Medical Record Review (MRR)</b>
# of claims reviewed for postpay service-specific MRR
# of claims pending postpay service-specific MRR
# of claim denials (in whole or part) from postpay service-specific MRR
# of provider/supplier claims subject to postpay service-specific MRR review
<b>PRIOR DETERMINATION OF MEDICAL NECESSITY (PDMN) / PRIOR DETERMINATION</b>
# of PDMN or Prior Determination requests received
# of PDMN or Prior Determination requests accepted
# of PDMN or Prior Determination accepted requests completed
<b>Medical Review - Part B (continued)</b>
<b>LCD DEVELOPMENT AND MANAGEMENT</b>
# of new LCDs published for comment
# of new LCDs finalized and published for notice
# of existing LCDs published for comment
# of existing LCDs finalized and published
# of existing LCDs revised due to reconsideration request
# of LCDs retired
# of new IDEs approved or denied
<b>One-on-One Education</b>
# of educational contacts by the Medical Review Unit
# of providers/suppliers educated by the Medical Review Unit
<b>REFERRALS</b>
# of referrals to POE by the Medical Review Unit
# of referrals to the PSC/ZPIC by the Medical Review Unit
# of referrals to the RAC by Medical Review Unit
<b>MEDICAL REVIEW REOPENINGS</b>
# of Medical Review Reopening requests received



# of Medical Review Reopening requests resulting in payment
<b>APPEALS</b>
# of prepay & postpay review claims/determinations completed at first level appeal
# of prepay & postpay review claims/determinations overturned on first level appeal
# of prepay & postpay review claims/determinations completed at second level appeal
# of prepay & postpay review claims/determinations overturned on second level appeal
<b>DATA REQUESTS</b>
# of data requests received from external sources
# of data requests received from internal sources (by MR only)
<b>THIRD PARTY LIABILITY (TPL) AND DEMAND BILLS</b>
# TPL claims reviewed
# TPL claims denied in whole or in part
# demand bills received
# demand bills processed
<b>ALJ HEARINGS INTERVENTION REPORTING</b>
<b>Current reporting month data</b>
# of ALJ Hearing notices contractor received this month
# of ALJ hearings participated in this month
# of ALJ hearings party to this month
<b>EXTERNALLY DIRECTED REVIEWS</b>
# of claims reviewed
# of claims pending
# providers suppliers from UPIC
# providers suppliers from OIG/GAO
# providers suppliers from RAC
<b>DECISIONS RECEIVED IN CURRENT REPORTING MONTH</b>
<b>(with oral participation)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with written participation)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)

Number of Claims (full reversals)
<b>(with party status)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with no participant/party status)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with oral participation)</b>
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with written participation)</b>
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with party status)</b>
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with no participant/party status)</b>
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with oral participation)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with written participation)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)

AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with party status)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with no participant/party status)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)

<b>Home Health Medical Review - CPI/PCG/DMRE</b>
# of claims received into contractor
<b>AUTOMATED REVIEW</b>
# claims received ("hitting") due to an MR automated edit
# claims denied, reduced or rejected due to an MR automated edit
# of claims denied from LCD driven edit
# of active MR automated edits
<b>Non-Medical Record Review (MRR) (formerly Routine Reviews)</b>
# of claims reviewed for non-MRR
# of claim denials (in whole or part) for non-MRR
# of providers/suppliers subjected to non-MRR
<b>Prepay Provider-Specific Probe Medical Record Review (MRR)</b>
# of claims reviewed for prepay provider-specific probe MRR
# of claim denials (in whole or part) from a prepay provider-specific probe MRR
# of providers/suppliers subject to prepay provider-specific probe MRR
# of prepay provider-specific probe MRR (not claims) pending
# of prepay provider-specific probe MRR (not claims) completed
<b>Postpay Provider-Specific Probe Medical Record Review (MRR)</b>
# of claims reviewed for postpay provider-specific probe MRR
# of claim denials (in whole or part) from a postpay provider-specific probe MRR
# of providers/suppliers subject to postpay provider-specific probe MRR
# of postpay provider-specific probe MRR (not claims) pending
# of postpay provider-specific probe MRR (not claims) completed
<b>Prepay Service-Specific Probe Medical Record Review (MRR)</b>
# of claims reviewed for prepay service-specific probe MRR
# of claim denials (in whole or part) from a prepay service-specific probe MRR
# of providers/suppliers subject to prepay service-specific probe MRR
# of prepay service-specific probe MRR (not claims) pending
# of prepay service-specific probe MRR (not claims) completed
<b>Postpay Service-Specific Probe Medical Record Review (MRR)</b>
# of claims reviewed for postpay service-specific probe MRR
# of claim denials (in whole or part) from a postpay service-specific probe MRR
# of providers/suppliers subject to postpay service-specific probe MRR
# of postpay service-specific probe MRR (not claims) pending
# of postpay service-specific probe MRR (not claims) completed
<b>Prepay Provider-Specific Medical Record Review (MRR)</b>
# of claims reviewed for prepay provider-specific MRR
# of claims pending prepay provider-specific MRR
# of claim denials (in whole or part) from prepay provider-specific MRR

# of provider/supplier claims subject to prepay provider-specific MRR review
<b>Prepay Service-Specific Medical Record Review (MRR)</b>
# of claims reviewed for prepay service-specific MRR
# of claims pending prepay service-specific MRR
# of claim denials (in whole or part) from prepay service-specific MRR
# of provider/supplier claims subject to prepay service-specific MRR review
<b>Postpay Provider-Specific Medical Record Review (MRR)</b>
# of claims reviewed for postpay provider-specific MRR
# of claims pending postpay provider-specific MRR
# of claim denials (in whole or part) from postpay provider-specific MRR
# of provider/supplier claims subject to postpay provider-specific MRR review
<b>Postpay Service-Specific Medical Record Review (MRR)</b>
# of claims reviewed for postpay service-specific MRR
# of claims pending postpay service-specific MRR
# of claim denials (in whole or part) from postpay service-specific MRR
# of provider/supplier claims subject to postpay service-specific MRR review
<b>PRIOR DETERMINATION OF MEDICAL NECESSITY (PDMN) / PRIOR DETERMINATION</b>
# of PDMN or Prior Determination requests received
# of PDMN or Prior Determination requests accepted
# of PDMN or Prior Determination accepted requests completed
<b>Medical Review - HH (continued)</b>
<b>LCD DEVELOPMENT AND MANAGEMENT</b>
# of new LCDs published for comment
# of new LCDs finalized and published for notice
# of existing LCDs published for comment
# of existing LCDs finalized and published
# of existing LCDs revised due to reconsideration request
# of LCDs retired
# of new IDEs approved or denied
<b>One-on-One Education</b>
# of educational contacts by the Medical Review Unit
# of providers/suppliers educated by the Medical Review Unit
<b>REFERRALS</b>
# of referrals to POE by the Medical Review Unit
# of referrals to the PSC/ZPIC by the Medical Review Unit
# of referrals to the RAC by Medical Review Unit
<b>MEDICAL REVIEW REOPENINGS</b>

# of Medical Review Reopening requests received
# of Medical Review Reopening requests resulting in payment
<b>APPEALS</b>
# of prepay & postpay review claims/determinations completed at first level appeal
# of prepay & postpay review claims/determinations overturned on first level appeal
# of prepay & postpay review claims/determinations completed at second level appeal
# of prepay & postpay review claims/determinations overturned on second level appeal
<b>DATA REQUESTS</b>
# of data requests received from external sources
# of data requests received from internal sources (by MR only)
<b>THIRD PARTY LIABILITY (TPL) AND DEMAND BILLS</b>
# TPL claims reviewed
# TPL claims denied in whole or in part
# demand bills received
# demand bills processed
<b>ALJ HEARINGS INTERVENTION REPORTING</b>
Current reporting month data
# of ALJ Hearing notices contractor received this month
# of ALJ hearings participated in this month
# of ALJ hearings party to this month
<b>EXTERNALLY DIRECTED REVIEWS</b>
# of claims reviewed
# of claims pending
# providers suppliers from UPIC
# providers suppliers from OIG/GAO
# providers suppliers from RAC
<b>DECISIONS RECEIVED IN CURRENT REPORTING MONTH</b>
<b>(with oral participation)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with written participation)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)

Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with party status)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with no participant/party status)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with oral participation)</b>
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with written participation)</b>
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with party status)</b>
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with no participant/party status)</b>
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with oral participation)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with written participation)</b>
AIC reversed cases (Affirmation)

AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with party status)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with no participant/party status)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)



<b>Hospice Medical Review - CPI/PCG/DMRE</b>
# of claims received into contractor
<b>AUTOMATED REVIEW</b>
# claims received ("hitting") due to an MR automated edit
# claims denied, reduced or rejected due to an MR automated edit
# of claims denied from LCD driven edit
# of active MR automated edits
<b>Non-Medical Record Review (MRR) (formerly Routine Reviews)</b>
# of claims reviewed for non-MRR
# of claim denials (in whole or part) for non-MRR
# of providers/suppliers subjected to non-MRR
<b>Prepay Provider-Specific Probe Medical Record Review (MRR)</b>
# of claims reviewed for prepay provider-specific probe MRR
# of claim denials (in whole or part) from a prepay provider-specific probe MRR
# of providers/suppliers subject to prepay provider-specific probe MRR
# of prepay provider-specific probe MRR (not claims) pending
# of prepay provider-specific probe MRR (not claims) completed
<b>Postpay Provider-Specific Probe Medical Record Review (MRR)</b>
# of claims reviewed for postpay provider-specific probe MRR
# of claim denials (in whole or part) from a postpay provider-specific probe MRR
# of providers/suppliers subject to postpay provider-specific probe MRR
# of postpay provider-specific probe MRR (not claims) pending
# of postpay provider-specific probe MRR (not claims) completed
<b>Prepay Service-Specific Probe Medical Record Review (MRR)</b>
# of claims reviewed for prepay service-specific probe MRR
# of claim denials (in whole or part) from a prepay service-specific probe MRR
# of providers/suppliers subject to prepay service-specific probe MRR
# of prepay service-specific probe MRR (not claims) pending
# of prepay service-specific probe MRR (not claims) completed
<b>Postpay Service-Specific Probe Medical Record Review (MRR)</b>
# of claims reviewed for postpay service-specific probe MRR
# of claim denials (in whole or part) from a postpay service-specific probe MRR
# of providers/suppliers subject to postpay service-specific probe MRR
# of postpay service-specific probe MRR (not claims) pending
# of postpay service-specific probe MRR (not claims) completed
<b>Prepay Provider-Specific Medical Record Review (MRR)</b>
# of claims reviewed for prepay provider-specific MRR
# of claims pending prepay provider-specific MRR

# of claim denials (in whole or part) from prepay provider-specific MRR
# of provider/supplier claims subject to prepay provider-specific MRR review
<b>Prepay Service-Specific Medical Record Review (MRR)</b>
# of claims reviewed for prepay service-specific MRR
# of claims pending prepay service-specific MRR
# of claim denials (in whole or part) from prepay service-specific MRR
# of provider/supplier claims subject to prepay service-specific MRR review
<b>Postpay Provider-Specific Medical Record Review (MRR)</b>
# of claims reviewed for postpay provider-specific MRR
# of claims pending postpay provider-specific MRR
# of claim denials (in whole or part) from postpay provider-specific MRR
# of provider/supplier claims subject to postpay provider-specific MRR review
<b>Postpay Service-Specific Medical Record Review (MRR)</b>
# of claims reviewed for postpay service-specific MRR
# of claims pending postpay service-specific MRR
# of claim denials (in whole or part) from postpay service-specific MRR
# of provider/supplier claims subject to postpay service-specific MRR review
<b>PRIOR DETERMINATION OF MEDICAL NECESSITY (PDMN) / PRIOR DETERMINATION</b>
# of PDMN or Prior Determination requests received
# of PDMN or Prior Determination requests accepted
# of PDMN or Prior Determination accepted requests completed
<b>Hospice Medical Review (continued)</b>
<b>LCD DEVELOPMENT AND MANAGEMENT</b>
# of new LCDs published for comment
# of new LCDs finalized and published for notice
# of existing LCDs published for comment
# of existing LCDs finalized and published
# of existing LCDs revised due to reconsideration request
# of LCDs retired
# of new IDEs approved or denied
<b>One-on-One Education</b>
# of educational contacts by the Medical Review Unit
# of providers/suppliers educated by the Medical Review Unit
<b>REFERRALS</b>
# of referrals to POE by the Medical Review Unit
# of referrals to the PSC/ZPIC by the Medical Review Unit
# of referrals to the RAC by Medical Review Unit
<b>MEDICAL REVIEW REOPENINGS</b>

# of Medical Review Reopening requests received
# of Medical Review Reopening requests resulting in payment
<b>APPEALS</b>
# of prepay & postpay review claims/determinations completed at first level appeal
# of prepay & postpay review claims/determinations overturned on first level appeal
# of prepay & postpay review claims/determinations completed at second level appeal
# of prepay & postpay review claims/determinations overturned on second level appeal
<b>DATA REQUESTS</b>
# of data requests received from external sources
# of data requests received from internal sources (by MR only)
<b>THIRD PARTY LIABILITY (TPL) AND DEMAND BILLS</b>
# TPL claims reviewed
# TPL claims denied in whole or in part
# demand bills received
# demand bills processed
<b>ALJ HEARINGS INTERVENTION REPORTING</b>
<b>Current reporting month data</b>
# of ALJ Hearing notices contractor received this month
# of ALJ hearings participated in this month
# of ALJ hearings party to this month
<b>EXTERNALLY DIRECTED REVIEWS</b>
# of claims reviewed
# of claims pending
# providers suppliers from UPIC
# providers suppliers from OIG/GAO
# providers suppliers from RAC
<b>DECISIONS RECEIVED IN CURRENT REPORTING MONTH</b>
<b>(with oral participation)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with written participation)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)

Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with party status)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with no participant/party status)</b>
Number of cases (Affirmation)
Number of Claims (Affirmation)
Number of Cases (partial reversals)
Number of Claims (partial reversals)
Number of Cases (full reversals)
Number of Claims (full reversals)
<b>(with oral participation)</b>
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with written participation)</b>
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with party status)</b>
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with no participant/party status)</b>
Amount in Controversy (AIC)Cases (partial reversals)
Amount in Controversy (AIC)Claims (partial reversals)
Amount in Controversy (AIC)Cases (full reversals)
Amount in Controversy (AIC)Claims (full reversals)
<b>(with oral participation)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with written participation)</b>
AIC reversed cases (Affirmation)

AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with party status)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)
<b>(with no participant/party status)</b>
AIC reversed cases (Affirmation)
AIC reversed Claims (Affirmation)
AIC reversed Cases (partial reversals)
AIC reversed Claims (partial reversals)
AIC reversed Cases (full reversals)
AIC reversed Claims (full reversals)

<b>CERT - Part A - OFM/PARG</b>
CERT Error Rate
# of CERT Decision Appeals Received From Beneficiaries and Prov/Suppl
# of CERT Decision Appeals From Beneficiaries and Providers/Suppliers Effectuated
# of CERT Decision Appeals Affirmed/Upheld at First Level
# of CERT Decision Appeals Overturned at First Level
# of CERT Decision Appeals Dismissed at First Level
# of Payment Adjustments (O/P or U/P) Initiated During the Month
# of Payment Adjustments (O/P or U/P) Finalized During the Month
# of CERT Disputes Initiated During the Month
# of CERT Contacts to Prov/ Suppl During Month For Addl. Documentation
# CERT Document Requests Rec'd

<b>CERT - Part B - OFM/PARG</b>
CERT Error Rate
# of CERT Decision Appeals Received From Beneficiaries and Prov/Suppl
# of CERT Decision Appeals From Beneficiaries and Providers/Suppliers Effectuated
# of CERT Decision Appeals Affirmed/Upheld at First Level
# of CERT Decision Appeals Overturned at First Level
# of CERT Decision Appeals Dismissed at First Level
# of Payment Adjustments (O/P or U/P) Initiated During the Month
# of Payment Adjustments (O/P or U/P) Finalized During the Month
# of CERT Disputes Initiated During the Month
# of CERT Contacts to Prov/ Suppl During Month For Addl. Documentation
# CERT Document Requests Rec'd

<b>Medicare Secondary Payer (MSP) - Part A - OFM/FSG/DMPO</b>
Number of MSP Checks Received
Number of Checks Not Worked/Pending for the Month
(Solicited Debt Processed)
(Std: 95% w/i 20 days)
(Unsolicited Debt Processed)
(Std: 95% w/i 60 days)
Number of Provider, Physician or Other Supplier MSP Debts Referred to Treasury
Timely Referral of Delinquent MSP Debt to Treasury (Std: 100% w/i 120 days)
Number of Duplicate Primary Payment (DPP) Cases <b>Received</b> From the MSPRC
Number of Duplicate Primary Payment (DPP) Cases <b>Received</b> (Directly) in the MAC's Mailroom
Number of Duplicate Primary Payment (DPP) Cases Established by the MAC
Number of DPP Cases <b>Resolved</b>
Number of DPP Cases <b>Pending</b>
MSP Correspondence <b>Received</b>
MSP Correspondence <b>Processed</b>
MSP Correspondence <b>Pending</b>
MSP Correspondence Answered Timely (Std: 95% w/i 45 days)
<b>Secondary Payer (MSP) Part A (con't.)</b>
Number of MSP Recovery Checks <b>Received</b> Belonging to the BCRC/CRC
Number of MSP Recovery Checks Forwarded to the BCRC/CRC w/i 20 Days
Number of MSP Correspondence <b>Received</b> Belonging to the BCRC/CRC
Number of MSP Correspondence Forwarded to the MSPRC w/i 20 Days
Number of Pre-Pay MSP Hospital Audits Planned for the Year (Goal)
Number of Pre-Pay MSP Hospital Audits Planned for the Month
Number of Pre-Pay MSP Hospital Audits Conducted in the Month
Voluntary Refund Development- Checks- (ECR Referrals) - Timeliness - (STD: 95% w/i 20 days)
MSP "I" Records - Age of the Oldest Pending "I" Records 101 Days Forward
Number Claims Edits Resolved / "I" Records Resolved
Number Follow-ups with BCRC



<b>Medicare Secondary Payer (MSP) - Part B - OFM/FSG/DMPO</b>
Number of MSP Checks <b>Received</b>
Number of Checks Not Worked / <b>Pending</b> for the Month
Number of Provider, Physician or Other Supplier Checks on an Established MSP Debt <b>Processed</b> (Solicited Debt Processed)
Adjudicate and Post Provider, Physician or Other Supplier Solicited MSP Checks Timely (Std: 95% w/i 20 days)
(Unsolicited Debt Processed)
Adjudicate and Post Provider, Physician or Other Supplier voluntary/Unsolicited MSP Checks Timely (Std: 95% w/i 60 days)
Number of Provider, Physician or Other Supplier MSP Debts Referred to Treasury
Timely Referral of Delinquent MSP Debt to Treasury (Std: 100% w/i 120 days)
Number of Duplicate Primary Payment (DPP) Cases <b>Received</b> From the MSPRC
Number of Duplicate Primary Payment (DPP) Cases <b>Received</b> (Directly) in the MAC's Mailroom
Number of Duplicate Primary Payment (DPP) Cases Established by the MAC
Number of DPP Cases <b>Resolved</b>
Number of DPP Cases <b>Pending</b>
MSP Correspondence <b>Received</b>
MSP Correspondence <b>Processed</b>
MSP Correspondence <b>Pending</b>
MSP Correspondence Answered Timely (Std: 95% w/i 45 days)
<b>Secondary Payer (MSP) Part B (con't.)</b>
Number of MSP Recovery Checks <b>Received</b> Belonging to the BCRC/CRC
Number of MSP Recovery Checks Forwarded to the BCRC/CRC w/i 20 Days
Number of MSP Correspondence <b>Received</b> Belonging to the BCRC/CRC
Number of MSP Correspondence Forwarded to the BCRC/CRC w/i 20 Days
Voluntary Refund Development- Checks- (ECR Referrals) - Timeliness - (STD: 95% w/i 20 days)
MSP "I" Records - Age of the Oldest Pending "I" Records 101 Days Forward
Number Claims Edits Resolved / "I" Records Resolved
Number Follow-ups with BCRC

<b>Complimentary Credits - Part A - OFM/FSG/DMBC</b>
Claims Transmitted to COBC
Rejected Claims From COBC
Net Accepted by COBC
# Medicaid Claims
# Non-Medigap Claims
# Medigap Claims
Non-Medigap Dollars Due
Medigap Dollars Due
Cash Received from COBC
<b>Total COBC Dollars Due</b>

<b>Complimentary Credits - Part B - OFM/FSG/DMBC</b>
Claims Transmitted to COBC
Rejected Claims From COBC
Net Accepted by COBC
# Medicaid Claims
# Non-Medigap Claims
# Medigap Claims
Non-Medigap Dollars Due
Medigap Dollars Due
Cash Received from COBC
<b>Total COBC Dollars Due</b>

<b>Provider Enrollment - Part A Workload - CPI/PEOG/DEO</b>
<b>INITIAL PAPER APPLICATIONS (855A)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>INITIAL WEB APPLICATIONS (855A)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>CHANGES - Paper (855A)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>CHANGES - Web (855A)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>Revalidation - Paper (855A)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>Revalidation - Web (855A)</b>
Receipts
Processed
Returned

Rejected
Pending
Processed Site Visit Carve Outs
<b>CMS-855 Applications Pending Classification</b>
TOTAL RECEIPTS
TOTAL PROCESSED
TOTAL RETURNED
TOTAL REJECTED
TOTAL PENDING
TOTAL PROCESSED SITE VISIT CARVE OUTS
<b>TIMELINESS (continued)</b>
<b>INITIAL/REVAL PAPER APPLICATIONS (855) that require a site visit</b>
80% within 80 days
90 % within 150 days
95% within 210 days
<b>INITIAL/REVAL PAPER APPLICATIONS (855) that DO NOT require a site visit</b>
80% within 60 days
90 % within 120 days
95% within 180 days
<b>INITIA/REVAL WEB APPLICATIONS (855) that require a site visit</b>
80% within 80 days
90% within 90 days
95% within 120 days
<b>INITIAL/REVAL WEB APPLICATIONS (855) that DO NOT require a site visit</b>
80% within 45 days
90 % within 60 days
95% within 90 days
<b>CHANGE WEB APPLICATIONS (855)</b>
90% within 45 days
95% within 90 days
<b>CHANGE PAPER APPLICATIONS (855)</b>
80% within 60 days
90% within 120 days

<b>Provider Enrollment - Part B Workload - CPI/PEOG/DEO</b>
<b>INITIAL PAPER APPLICATIONS (855B)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>INITIAL WEB APPLICATIONS (855B)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>REVAL PAPER APPLICATIONS (855B)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>REVAL WEB APPLICATIONS (855B)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>CHANGES (855B)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>INITIAL PAPER APPLICATIONS (20134)</b>
Receipts
Processed
Returned

Rejected
Pending
Processed Site Visit Carve Outs
<b>INITIAL WEB APPLICATIONS (20134)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>REVAL PAPER APPLICATIONS (20134)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>REVAL WEB APPLICATIONS (20134)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>CHANGES (20134)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>INITIAL PAPER INDIVIDUAL APPLICATIONS (855I)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>INITIAL WEB INDIVIDUAL APPLICATIONS (855I)</b>
Receipts
Processed
Returned
Rejected

Pending
Processed Site Visit Carve Outs
<b>REVAL PAPER APPLICATIONS (855I)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>REVAL WEB APPLICATIONS (855I)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>CHANGES (855I)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>CHANGES Stand Alone (855R)</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>855R with 855B or 855I</b>
Receipts
Processed
Returned
Rejected
Pending
Processed Site Visit Carve Outs
<b>855O</b>
Receipts
Processed
Returned



Rejected
Pending
Processed Site Visit Carve Outs
<b>CMS-855 Applications Pending Classification</b>
TOTAL RECEIPTS
TOTAL PROCESSED
TOTAL RETURNED
TOTAL REJECTED
TOTAL PENDING
TOTAL PROCESSED SITE VISIT CARVE OUTS
<b>TIMELINESS (continued)</b>
<b>Initial/Reval Paper Applications (855) that require a site visit</b>
80% within 80 days
90% within 150 days
95% within 210 days
<b>Initial/Reval Paper Applications (855) that DO NOT require a site visit</b>
80% within 60 days
90% within 120 days
95% within 180 days
<b>Initial/Reval Web Applications (855) that require a site visit</b>
80% within 80 days
90% within 90 days
95% within 120 days
<b>Initial/Reval Web Applications (855) that DO NOT require a site visit</b>
80% within 45 days
90% within 60 days
95% within 90 days
<b>Change Web Applications (855)</b>
90% within 45 days
95% within 90 days
<b>Change Paper Applications (855)</b>
80% within 60 days
95% within 120 days

<b>RAC PART A - CPI/PCG/DRAO</b>
Part A.)
# of Adjustments Unsuccessful - Returned to RAC (Total number of claims that cannot be processed by contractor- returned to RAC for correction either manually or identified by systemic reports.)
Appeal Reversal Rate - percentage of completed appeals
Appeals Overturned (dollar amount)
Overall appeal workload related to RAC appeal - percentage
RAC Reopenings Received (Total number of RAC reopenings received)
RAC Reopenings Processed (Total number of RAC reopenings processed)
Total # RAC Demands
Total # RAC Solicited Checks

<b>RAC PART-B - CPI/PCG/DRAO</b>
Part B)
# of Adjustments Unsuccessful - Returned to RAC (Total number of claims that cannot be processed by contractor- returned to RAC for correction either manually or identified by systemic reports.)
Appeal Reversal Rate - percentage of completed appeals
Appeals Overturned (dollar amount)
Overall appeal workload related to RAC appeal - percentage
RAC Reopenings Received (Total number of RAC reopenings received)
RAC Reopenings Processed (Total number of RAC reopenings processed)
Total # RAC Demands
Total # RAC Solicited Checks

<b>UPIC/ZPIC Part A - CPI/CMG/DCM</b>
Number UPIC/ZPIC Support Services and Requests-Non Law Enforcement
Number UPIC/ZPIC Support Services and Requests- Law Enforcement
Number of QIC Support Services and Requests Provided
Number of edits installed at the request of the UPIC/ZPIC
Number of Overpayment recoupment actions received from the UPIC/ZPIC
Number UPIC/ZPIC Suspensions Received
Number of Effectuations of UPIC/ZPIC decisions

<b>UPIC/ZPIC Part B - CPI/CMG/DCM</b>
Number UPIC/ZPIC Support Services and Requests-Non Law Enforcement
Number UPIC/ZPIC Support Services and Requests- Law Enforcement
Number of QIC Support Services and Requests Provided
Number of edits installed at the request of the UPIC/ZPIC
Number of Overpayment recoupment actions received from the UPIC/ZPIC
Number UPIC/ZPIC Suspensions Received
Number of Effectuations of UPIC/ZPIC decisions

<b>Benefit Integrity Referrals - CPI/CMG/DCM</b>
Benefit Integrity Referrals # potential BI complaints received from the CCO
Benefit Integrity Referrals # potential BI complaints sent to the UPIC / ZPIC
<b>Program Integrity -OIG Hotline - CPI/CMG/DCM</b>
Program Integrity -OIG Hotline Total number of inquiries received
Program Integrity -OIG Hotline Total number of inquiries processed
Program Integrity -OIG Hotline Total number of pending inquiries
Program Integrity -OIG Hotline Total number of aged (>45 days) pending inquiries
<b>MSN Management - OC/CCOG/DCCO</b>
MSNs are accurately generated and mailed (Std: 98%)
MSN Volume Processed
MSN Volume Sampled for Accuracy Purposes
<b>EDI HELP DESK - OIT/AMG/DTAS</b>
<b>EDI Help Desk PART-A</b>
Part A Average Daily Volume
Part A Monthly Peak Volume
<b>EDI Help Desk PART-B</b>
Part B Average Daily Volume
Part B Monthly Peak Volume
<b>PART A and B combined if applicable</b>
Part A and B combined Average Daily Volume
Part A and B combined Monthly Peak Volume
<b>PAR - CPI/PEOG/DEO</b>
Total # Annual PAR Enrollment Packages Mailed to Providers
PAR Enrollments per Month
PAR Withdrawals per Month
Limiting Charge Reports, Violations, and Complaints Processed
<b>FOIA - OSORA/FIG</b>
Total # Requests Received

## **Medicare Administrative Contractor (MAC)/Centers for Medicare & Medicaid Services (CMS) Data Exchange (MDX) Portal File Format Instructions**

The purpose of this document is to provide instructions regarding the appropriate formats for submission of the MAC Monthly Status Report (MSR) files. MACs will be able to submit the MSR Word document (MSRW) and MSR Excel data template (MSRE) files to the MDX Portal.

### **File Extensions**

The MDX Portal supports submission of the MSR Excel (MSRE) data with an “xlsx” extension, and the MSR Word (MSRW) document with a “docx” extension only. “MSRE” or “MSRW” is based on the file being submitted.

### **Naming Conventions**

The naming convention for the MSRE and MSRW files are comprised of four components. The components of the file naming convention are as follows:

**“Jurisdiction”** – identifying the two or three-character abbreviation for the jurisdiction.

**“Month”** – identifying the three-letter abbreviation of the month for the data reporting period.

**“Year”** – identifying the four-digit year of the month for the data reporting period.

**“Version#”** – identifying the version number for the file being submitted. For example, the initial submission for the month/year data reporting period version number is v1. The MDX Portal system will not place a limit on the number of submitted versions for a data period.

The MSRE naming convention is **Jurisdiction\_Month\_Year\_MSRE\_Version#**.

The MSRW naming convention is **Jurisdiction\_Month\_Year\_MSRW\_Version#**.

## **Medicare Administrative Contractor (MAC)/Centers for Medicare & Medicaid Services (CMS) Data Exchange (MDX) Portal File Format Instructions**

The table below provides examples of acceptable and unacceptable naming conventions for the MSRE and MSRW file type formats.

<b>File Type</b>	<b>Acceptable Format of File Name</b>	<b>Unacceptable Format of File Name</b>
MSRE	JX_Aug_2017_MSRE_v1	JX_August_17_MSRE
MSRW	JX_Jul_2017_MSRW_v2	JX_July_17_MSRW_v2

### **File Size Limitations**

There is a 2MB size limitation for the MSRE file and a 2MB size limitation for the MSRW file. Files larger than 2MBs will be rejected.

### **MSRE and MSRW File Virus Scanning**

All submitted files must be virus free. The MDX Portal will perform a virus scan on all submitted files. If a virus is found the file will be rejected with a message stating that file rejected due to a virus.

### **MSRE Data Cell Entry Format Instructions**

The data entry formats for the MSRE are: NA (Not Applicable), Counts (whole numbers), Percentages, and Dollar Amounts.

All fields in the MSRE are required, and blank fields are not allowed. A blank or empty field will generate an error during the file submission process.

If data does not exist for a specific field, NA must be entered; blank fields are not allowed. Variations of NA are not acceptable and will generate an error during the file submission process.



**Medicare Administrative Contractor (MAC)/Centers for Medicare & Medicaid Services (CMS) Data Exchange (MDX) Portal File Format Instructions**

<b>Field Name</b>	<b>Scenario</b>	<b>Acceptable Format</b>	<b>Unacceptable Format</b>
Medical Review - # of claims subjected to routine review	Data does not exist to enter in this field.	NA	(Blank) N/A Not Applicable

If data in one field is the same as data that is in another field, the data will need to be entered again. Entering “Same as...” or any other content will generate an error during the file submission process.

<b>Field Name</b>	<b>Scenario</b>	<b>Acceptable Format</b>	<b>Unacceptable Format</b>
Medical Review - Amount in Controversy (AIC) Claims (Affirmation)	The amount for the month is 0, which is the same number entered in another field such as, “Amount in Controversy (AIC) Cases (Affirmation)”.	0	0 Same as above See above

All fields in the MSRE must be entered as a positive number. The only exception to this rule is the Appeals A and Appeals B “Adjustments to pending” field. For this

field, if the number for that month is negative, it must be entered with the negative (-) sign.

<b>Field Name</b>	<b>Scenario</b>	<b>Acceptable Format</b>	<b>Unacceptable Format</b>
Appeals - Adjustments to pending	MAC X has adjusted 18 Appeal cases this month.	-18	18 (18)

**Medicare Administrative Contractor (MAC)/Centers for Medicare & Medicaid Services (CMS) Data Exchange (MDX) Portal File Format Instructions**

<b>Field Name</b>	<b>Scenario</b>	<b>Acceptable Format</b>	<b>Unacceptable Format</b>
Appeals - Adjustments to pending	MAC Y has 10 more Appeal cases added to the “pending” cases for this month.	10	-10 (10)

Data entry format of Counts (a whole number), must be entered as a whole number.

<b>Field Name</b>	<b>Scenario</b>	<b>Acceptable Format</b>	<b>Unacceptable Format</b>
Claims A - Bills Received	Bills received for the month is 16000.	16000 16,000	16000.00

Data entry format of Percentages must be entered with a % (percentage) sign and two decimal places. A missing percentage sign or variations of the percentage sign will generate an error during the file submission process.

<b>Field Name</b>	<b>Scenario</b>	<b>Acceptable Format</b>	<b>Unacceptable Format</b>
Claims A - Percent of Pending 31-60 Days	Claims A - Percent of Pending 31-60 Days for this month is 95.00% for this MAC.	95.00%	95% 95 95 percent 95.00 95.001

Data entry format of Amounts must be entered with a number and two decimal places. No signs such as a \$ (dollar sign) are allowed. Adding a dollar sign will generate an error during the file submission process.

**Medicare Administrative Contractor (MAC)/Centers for Medicare & Medicaid  
Services (CMS) Data Exchange (MDX) Portal File Format Instructions**

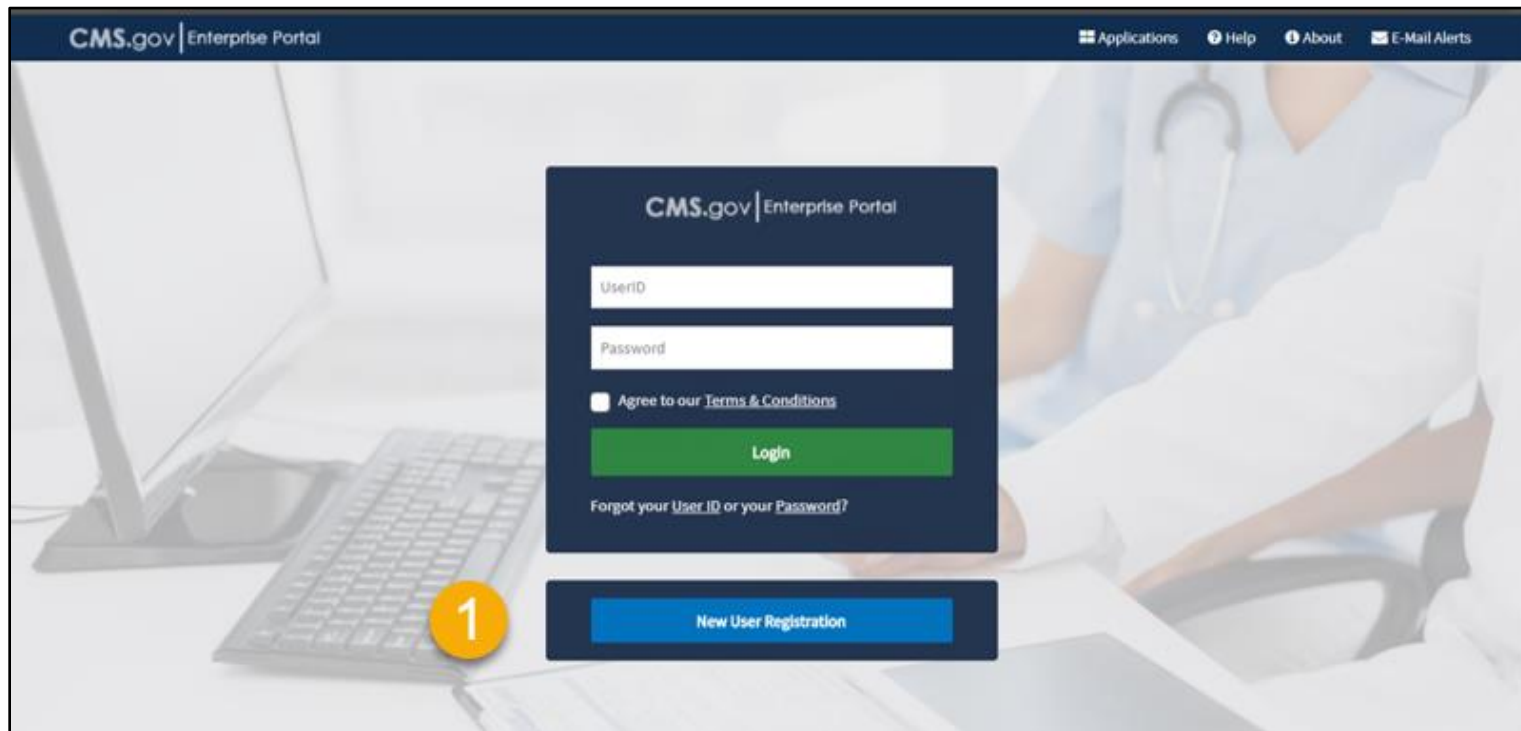
<b>Field Name</b>	<b>Scenario</b>	<b>Acceptable Format</b>	<b>Unacceptable Format</b>
Telephone - Average Speed of Answer in Current Month	Telephone - Average Speed of Answer in Current Month for this MAC is 26.00 seconds.	26.00	26 26 seconds
Medical Review - AIC reversed Cases (partial reversals)	AIC reversed Cases (partial reversals) for this month is \$1063.00 for this MAC.	1063.00	\$1063.00 \$1063 1063

## MDX Portal: How to Register and Create an Enterprise Identity Management (EIDM) Account

- Role: All Roles
- Navigation: CMS Enterprise Portal>EIDM>New User Registration

**Prerequisite(s):** There is no prerequisite for this Help Card.

- *Tip: This Help Card only applies to users who do not already have an EIDM account.*



- **Step 1.** Go to [CMS Enterprise Portal \(https://portal.cms.cmsnet\)](https://portal.cms.cmsnet) and select 'New User Registration'.

## Step 2: Choose Your Application

Step 1 of 3 - Select your application from the dropdown. You will then need to agree to the terms.

MDX: MAC/CMS Data Exchange (MDX) Portal

ESD: Evidence Documentation System

eRPT: Electronic Retroactive Processing Transmission

FFSDCS: Fee-For-Service Data Collection System

GIS: Gentran Integration Suite

HATS: Host Access Transformation Services

HDT/HPG: HIPAA Eligibility Transaction System (HETS) Desktop

HIOS/FFE: Health Insurance Oversight System

IC: Center for Medicare and Medicaid Innovation (CMMI) Innovation Center (IC)

IDHD: Restricted Use Application

ISV: Internet Server

MACPro: Medicaid and CHIP Program

MAISTRO: Medicare Administrative Issue Tracker and Reporting of Operations System

MARx/MAPD: Medicare Advantage & Prescription Drug Systems

MCU: Marketplace Change Utility

MDM: Master Data Management

MDP: Quality Measure Development Plan

MDR: MDR State Exchange

MDX: MAC/CMS Data Exchange (MDX) Portal

- **Step 2.** Select 'MDX: MAC/CMS Data Exchange (MDX) Portal' from the drop down menu.

CMS.gov | Enterprise Portal

Applications Help About E-Mail

## Step 3 Choose Your Application

Step 1 of 3 - Select your application from the dropdown. You will then need to agree to the terms.

MDX: MAC/CMS Data Exchange (MDX)Portal

### Terms & Conditions

OMB No. 0938-1236 | Expiration Date: 04/30/2017 |

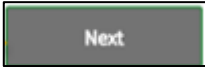
OMB No.0938-1236 | Expiration Date: 04/30/2017 (OMB Re-Certification Pending) | [Paperwork Reduction Act](#)

#### Consent to Monitoring

By logging onto this website, you consent to be monitored. Unauthorized attempts to upload information and/or change information on this web site are strictly prohibited and are subject to prosecution under the Computer Fraud and Abuse Act of 1986 and Title 18 U.S.C. Sec 1001 and 1030. We encourage you to

☐ I agree to the terms and conditions

Next Cancel

- **Step 3.** Review and agree to 'Terms & Conditions' by checking the box and select the  ('Next') button.

Step 4 - Please enter your personal and contact information.

All fields are required unless marked 'Optional'.

Enter First Name	Enter Middle Name (optional)	Enter Last Name	Suffix (optional)
Enter Social Security Number (optional)	Birth Month ▼	Birth Date ▼	Birth Year ▼
Is Your Address US Based?			
<input checked="" type="radio"/> Yes <input type="radio"/> No			
Enter Home Address #1	Enter Home Address #2 (optional)		
Enter City	State ▼	Enter Zip Code	Enter Zip+4 (optional)
Enter E-mail Address	Confirm E-mail Address		

- **Step 4.** Enter 'Your Personal and Contact Information' in the following fields:
- First Name (required)
  - Middle Name
  - Last Name (required)
  - Suffix
  - Social Security Number
  - Date of Birth (required)
  - Home Address Line 1 (required)

- Home Address Line 2
- City (required)
- State (required)
- Zip Code (required)
- Zip Code Extension
- Email address (required)
- Confirm Email address(required)
- Phone Number (required)



A navigation bar containing three buttons: 'Back' (white with green border), 'Next' (green with white text), and 'Cancel' (blue text). A yellow circle with the number '5' is overlaid on the 'Next' button.

- **Step 5.** Select the  ('Next') button.



## Step 6: Create User ID, Password & Challenge Questions

Step 3 of 3 - Please create User ID and Password, Select Challenge questions and provide answers.

Select Challenge Question #1
7

Select Challenge Question #2

Select Challenge Question #3

- **Step 6.** Create User ID and Password in the following fields:
  - User ID (required)
  - Password (required)
  - Confirm Password (required)
    - *Tip: Click inside a field to view CMS requirements for User IDs and Passwords.*
- **Step 7.** Select your 'Challenge Questions and Answers':
  - Question:1 (required)
  - Answer:1 (required)
  - Question:2 (required)
  - Answer:2 (required)
  - Question:3 (required)
  - Answer:3 (required)
- **Step 8.** Select the  ('Next') button.

## Registration Summary

Please review your information and make any necessary changes before submitting.

MDX: MAC/CMS Data Exchange (MDX) Portal

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All fields are required unless marked 'Optional'.

First Name

Enter Middle Name (optional)

Last Name

Suffix (optional)

Enter Social Security Number (optional)

Birth Month

Birth Date

Birth Year

Home Address #1

Address

Enter Home Address #2 (optional)

City

City

State

Arizona

Zip Code

21090

Enter Zip+4 (optional)

E-mail Address

Confirm E-mail Address

Phone Number

- **Step 9.** Review your information and make any necessary changes before submitting.

User ID  
testaccount@80

Password  
\*\*\*\*\*

Confirm Password  
\*\*\*\*\*

What was your favorite toy when you were a child? ▼

Challenge Question #1 Answer  
child

What is the name of your favorite pet? ▼


Challenge Question #2 Answer  
pet

What is your parents' wedding anniversary date? ▼

Challenge Question #3 Answer  
date

10

Submit User Cancel

- **Step 10.** Select the  ('Submit User') button, and a 'Confirmation' page is displayed.

11

✓ Confirmation

Your ID has been successfully registered with CMS Enterprise Portal. An e-mail has been sent to your registered e-mail address. You can now login by clicking [here](#).

- **Step 11.** Click on 'here' ('You can now login by clicking [here](#).').
- **Tip:** The 'CMS Enterprise Portal/My Portal' page is displayed, refer to the related Help Card for next steps.

## My Portal

Use the below link to request access to CMS Systems/Applications.



Request/Add Apps

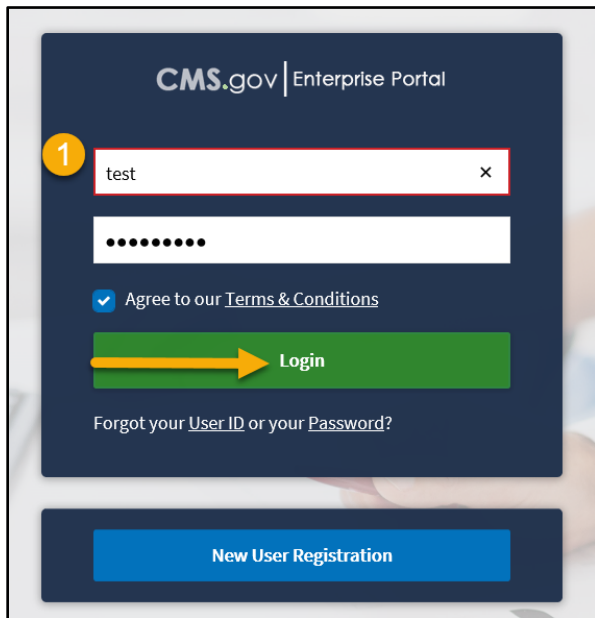
- Related Help Card:
  - 'How to Request System Access and Role(s)'


## MDX Portal: How to Request System Access and Role(s)

- **Role:** All Roles
- **Navigation:** CMS Enterprise Portal>My Portal>My Access

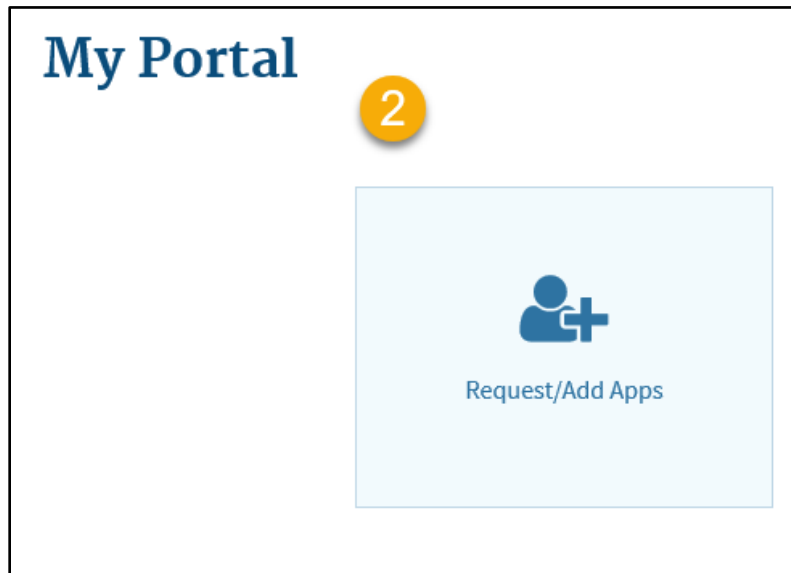
**Prerequisite(s):** All users must be registered and have an Enterprise Identity Management (EIDM) account to access the MDX Portal.

- ***Tip:** This Help Card only applies to users who already have an EIDM account.*

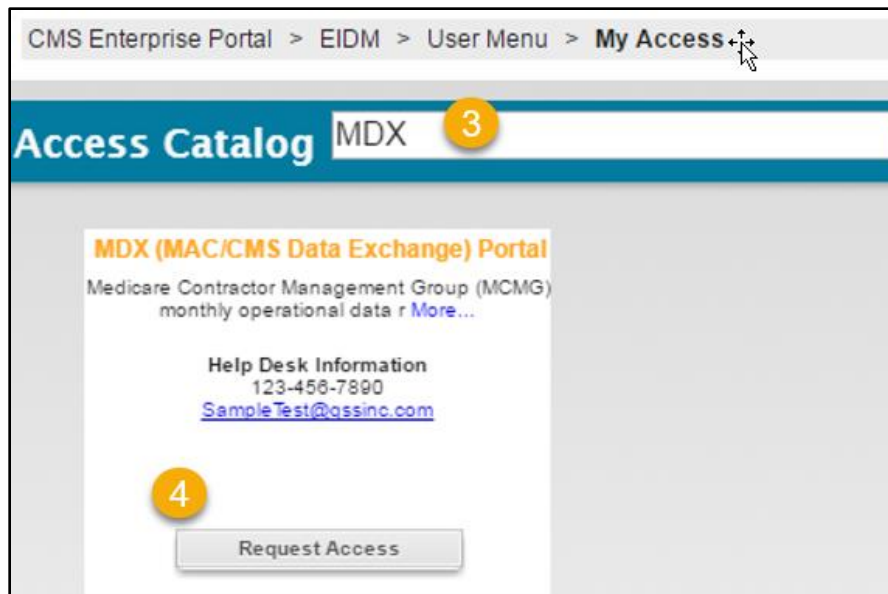


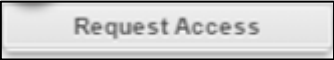
- **Step 1.** Go to [CMS Enterprise Portal \(https://portal.cms.cmsnet\)](https://portal.cms.cmsnet)
  - Enter the 'UserID' and 'Password' you created in EIDM.
  - Review (by clicking on 'Terms and Conditions') and agree by checking the box.
  - Select the  ('Login') button.

- *Tip: The 'My Portal' page is displayed.*



- **Step 2.** Select the 'Request/Add Apps' tile.
  - *Tip: The 'Access Catalog' page is displayed.*



- **Step 3.** Enter 'MDX' in the search field, and the 'MDX (MAC/CMS Data Exchange) Portal' option is displayed.
- **Step 4.** Select the  ('Request Access') button.
  - *Tip:* The 'Request New Application Access' page is displayed and the 'MDX (MAC/CMS Data Exchange) Portal' is populated in the 'Application Description' field.

CMS Enterprise Portal > EIDM > User Menu > My Access

**My Access**

- View and Manage My Access
- Request New Application Access

**Requests**

- Annual Certification
- My Pending Requests

**Request New Application Access**

Application Description: MDX (MAC/CMS Data Exchange) Portal  
 Medicare Contractor Management Group (MCMG) monthly operational data reporting portal for the Medicare Administrative Contractors (MACs).

Select a Role:

- User Roles
  - MDX CMS MCMG BOR
  - MDX CMS MCMG MAC POC
  - MDX CMS User
  - MDX MAC POC
  - MDX MAC User**
- Approver Roles
  - MDX CMS MCMG Admin
  - MDX CMS MCMG Manager
  - MDX CMS MCMG MAC COR
- Helpdesk Roles
  - MDX Admin

MDX MAC User

5

Next

- **Step 5.** Select the 'Role' you want to request from the drop down list and select the ('Next') button. The 'Identity Verification' page is displayed.
  - **Tip:** If you are requesting access for the first time, you will be taken through the 'CMS Remote Identity Proofing (RIDP)' process.
  - **Tip:** For more information on 'Roles' please refer to the 'MAC User Manual'.



## Identity Verification


To protect your privacy, you will need to complete Identity Verification successfully, before you can proceed.

- Ensure that you have entered your legal name, current home address, primary phone number, and email address to verify your identity with Experian, an external Identity Verification provider.
- Identity Verification involves Experian using information from your credit report to verify your identity. Soft inquiries do not affect your credit score and you will not be charged for this service.
- You may need to have access to your personal and credit report information, as well as your email and phone number. For additional information, please see the Experian Consumer Assistance website - [Experian Consumer Assistance](#).

If you elect to proceed now, you will be prompted with a Terms and Conditions statement to review and accept. To continue this process, select 'Next'.

6

Next

- **Step 6.** Review the 'Identity Verification' disclosure and select the  ('Next') button to continue.

**Request New Application Access**

**Terms and Conditions**

OMB No. 0938-1236 | Expiration Date: 04/30/2017 (OMB Re-Certification Pending) | [Paperwork Reduction Act](#)

**Protecting Your Privacy**

Protecting your Privacy is a top priority at CMS. We are committed to ensuring the security and confidentiality of the user registering to EIDM. Please read the [CMS Privacy Act Statement](#), which describes how we use the information you provide.

Personal information is described as data that is unique to an individual, such as a name, address, telephone number, Social Security Number, and date of birth (DOB). CMS is very aware of the privacy concerns around PII data. In fact, we share your concerns. We will only collect personal information to verify your identity. Your information will be disclosed to Experian, an external authentication service provider, to help us verify your identity. If collected, we will validate your Social Security Number with Experian only for the purposes of verifying your identity. Experian verifies the information you give us against their records. We may also use your answers to the challenge questions and other PII to later identify you in case you forget or misplace your User ID /Password.

**HHS Rules Of Behavior**

We encourage you to read the [HHS Rules of Behavior](#), which provides the appropriate use of all HHS information technology resources for Department users, including Federal employees, contractors, and other system users.


I have read the HHS Rules of Behavior for Privileged User Accounts (addendum to the HHS Rules of Behavior (HHS RoB), document number HHS-OCIO-2013-0003S and dated July 24, 2013), and understand and agree to comply with its provisions. I understand that violations of the HHS Rules of Behavior for Privileged User Accounts or information security policies and standards may lead to disciplinary action and that these actions may include termination of employment; removal or disbarment from work on federal contracts or projects; revocation of access to federal information, information systems, and/or facilities; criminal penalties; and/or imprisonment. I understand that exceptions to the HHS Rules of Behavior for Privileged User Accounts must be authorized in advance in writing by the OpDiv Chief Information Officer or his/her designee. I also understand that violation of certain laws, such as the Privacy Act of 1974, copyright law, and 18 USC 2071, which the HHS Rules of Behavior for Privileged User Accounts draw upon, can result in monetary fines and/or criminal charges that may result in imprisonment.

**Identity Verification**

I understand that the identity proofing services being requested are regulated by the Fair Credit Reporting Act and that my explicit consent is required to use these services. I understand that any special procedures established by CMS for identity proofing using Experian have been met and the services requested by CMS to Experian will be used solely to confirm the applicant's identity to avoid fraudulent transactions in the applicant's name.

I agree to the terms and conditions ☐ **7**

[Next](#) [Cancel](#)

- **Step 7.** Review and agree to the 'Terms and Conditions' by checking the box, and selecting the  ('Next') button to continue.

## Your Information

Enter your legal first name and last name, as it may be required for Identity Verification.

\* First Name:  Enter your First Name. Allowed special characters are Apostrophe ('), hyphen (-), and spaces.

\* Last Name:  Suffix:

Enter your E-mail address, as it will be used for account related communications.

\* E-mail Address:

Re-enter your E-mail address.

\* Confirm E-mail Address:

Enter your full 9 digit Social Security Number, as it may be required for Identity Verification.

Social Security Number:

Enter your date of birth in MM/DD/YYYY format, as it may be required for Identity Verification.

\* Date of Birth:

☒ U.S. Home Address ☐ Foreign address

Enter your current or most recent home address, as it may be required for Identity Verification.


\* Home Address Line 1:

Home Address Line 2:

\* City:  \* State:  \* Zip Code:  Zip Code Ext:

Enter your primary phone number, as it may be required for Identity Verification.

\* Primary Phone Number:

- **Step 8.** Enter your information and select the  ('Next') button to continue.
- **Tip:** The fields on this page may be populated with the information you provided during EIDM registration as shown in the example.

**Verify Your Identity**

Please select the county for the address you provided.

- ☐ WESTMORELAND
- ☐ SCHUYLKILL
- ☐ CAMBRIA
- ☒ LEBANON
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

Which of the following is a current or previous employer? If there is not a matched e

- ☐ PRINT AND MAIL DEPOT
- ☒ CHILD DEV COUNC
- ☐ OAK HARBOR CHIROPRACTIC
- ☐ STATE FARM INS COMPANY
- ☐ NONE OF THE ABOVE/DOES NOT APPLY


According to our records, you graduated from which of the following High Schools?

- ☐ RANGEVIEW HIGH SCHOOL
- ☐ HEALTH CAREERS HIGH SCHOOL
- ☐ TECHNOLOGY HIGH SCHOOL
- ☐ PIPER HIGH SCHOOL
- ☒ NONE OF THE ABOVE/DOES NOT APPLY

Which of the following is the highest level of education you have completed? If ther

- ☒ HIGH SCHOOL DIPLOMA
- ☐ SOME COLLEGE
- ☐ BACHELOR DEGREE
- ☐ GRADUATE DEGREE
- ☐ NONE OF THE ABOVE/DOES NOT APPLY

Next

- **Step 9.** Answer system generated questions to further verify your identity during the RIDP process, and select the  ('Next') button to continue.
- *Tip: These questions are only asked once as part of the RIDP process.*

\* Required Field

Please update your profile to continue the request for an application access.

**Name**

Title:  First Name:  Middle Name:  Last Name:  Suffix:

Professional Credentials:

\* Social Security Number:

**Business Contact Information**

\* Company Name:

\* Address 1:

Address 2:

\* City:

\* State/Territory:

\* Zip Code:  Zip Code Extension:

**Phone**

\* Company Phone Number:  Extension:

\* Office Phone Number:  Extension:

**Next**

10

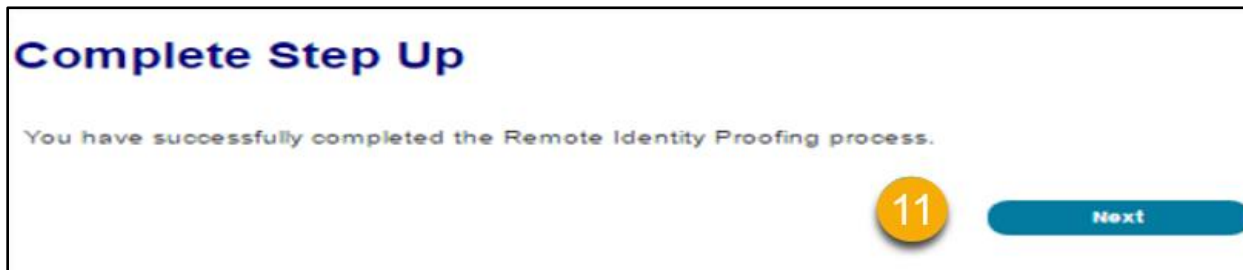
- **Step 10.** Update your profile and select the

**Next**

('Next') button to complete the RIDP

- Title
- First Name (prepopulated)
- Last Name (prepopulated)
- Suffix
- Professional Credentials
- Social Security Number (required)
- Company Name (required)

- Address 1 (required)
  - Address 2
  - City (required)
  - State/Territory (required)
  - Zip Code (required)
  - Zip Code Extension
  - Company Phone Number (required)
  - Extension
  - Office Phone Number (required)
  - Extension
- *Tip: The 'Complete Step Up' page is displayed.*



- **Step 11.** Select the  ('Next') button.
- *Tip: 'Request New Application Access' page is displayed.*

## Request New Application Access

Application Description: MDX (MAC/CMS Data Exchange) Portal

Medicare Contractor Management Group (MCMG) monthly operational data reporting portal for the Medicare Admini

Select a Role: MDX MAC User

Role Description: General MDX MAC User can view and download the submitted MPM files but cannot submit.

\* Division/Jurisdiction:

12

EMPMD - AB MAC J6

EMPMD - AB MAC JK

EMPMD - DME MAC A

EMPMD - DME MAC B

EMPMD - DME MAC C

EMPMD - DME MAC D

SMPMD - AB MAC JH

SMPMD - AB MAC JJ

SMPMD - AB MAC JL

SMPMD - AB MAC JM

SMPMD - AB MAC JN

>

>>

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>>

\* Reason for Request:

Next

- **Step 12.** Select a 'Role', 'Division/Jurisdiction', and enter a 'Reason for Request', all of which are \*required

and select the Next ('Next') button.

- **Tip:** In this example 'Division/Jurisdiction' options are shown for MAC users to select.
- **Tip:** The 'Request New Application Access Acknowledgement' page is displayed.



## Request New Application Access Acknowledgement

Your EIDM request has been successfully submitted.

The tracking number for your request is:

**368390 - ADD - MDX MAC User - Division/Jurisdiction - EMPMD-DMEMACC**

Please use this number in all correspondence concerning this request.

You will receive an email once your request has been processed.

13

OK



- **Step 13.** Select the ('OK') button to complete the process for requesting a role.
  - *Tip: You will receive an email acknowledgement of your access request.*



Thank you for your request.

Your request has generated the following Request Tracking Number(s):

368390 - ADD - MDX MAC User - Division/Jurisdiction - EMPMD-DMEMACC

Request Tracking Number(s) will be required in all correspondence concerning this request.

You will receive an email notification when an action has been taken for each request number.

If you have questions or need assistance, please use the following information to contact the application help desk:

MDX Portal Helpdesk

[SampleTest@qssinc.com](mailto:SampleTest@qssinc.com)

.

Thank you,  
EIDM

Please do not reply to this system-generated email.

- **Tip:** The authorized approver will receive an email acknowledgement to approve your request. You will receive an email notification when an action has been taken for your request.

The tracking number for this request is 337555.

To review the pending approvals, please do the following:

If you are accessing CMS Portal from CMS Net, go to <https://portaldev.cms.cmstest>

If you are accessing CMS Portal from the internet, go to <https://portaldev.cms.cmstest>

1. Select the "Login to CMS Secure Portal" button.
2. Accept the Terms and Conditions.
3. Enter your User ID and Password on the CMS Enterprise Portal page and select the "Log In" button.
4. Select the "My Access" hyperlink from the "Welcome Firstname LastName" dropdown menu.
5. Select the "Other Actions" hyperlink from the "My Access" section on the "Access Catalog" page.
6. Select the "My Pending Approvals" hyperlink on the left navigation pane.
7. Use the checkbox to select the requests you wish to take an action on or select the 'Request Number' hyperlink for more details about the request.
8. Approve or Reject the request.

If you have questions or need assistance, please use the following information to contact the application help desk:

MDX Portal Helpdesk

[SampleTest@qssinc.com](mailto:SampleTest@qssinc.com)

123-456-7890.

Thank you,

CMS.gov

Please do not reply to this system-generated email.

➤ Related Help Card:

- 'How to Register and Create an Enterprise Identity Management (EIDM) Account'

## MDX Portal: How to Log In to the MDX Portal

- Roles: All Roles
- Navigation: CMS Enterprise Portal>MDX Portal

**Prerequisite(s):** An EIDM account is established, system access and user roles have been granted.

CMS.gov | Enterprise Portal

Applications Help About E-Mail Alerts

1

CMS.gov | Enterprise Portal

UserID

Password

☒ Agree to our [Terms & Conditions](#)

Login

Forgot your [User ID](#) or your [Password](#)?

New User Registration

- **Step 1.** Go to [CMS Enterprise Portal \(https://portal.cms.cmsnet/\)](https://portal.cms.cmsnet/).

**2** CMS.gov | Enterprise Portal


test user x

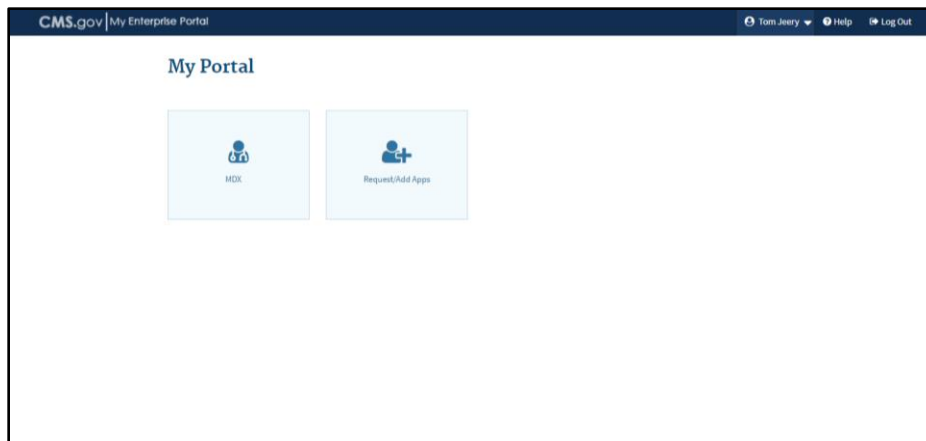
.....

☒ Agree to our [Terms & Conditions](#)

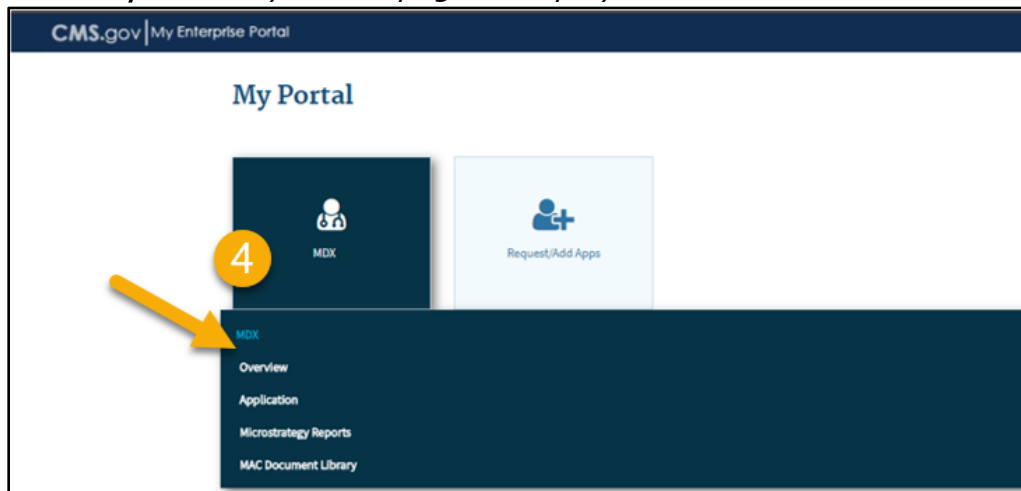
**3** Login

[Forgot your User ID or your Password?](#)

- **Step 2.** Login to the 'Enterprise Portal':
  - Enter your UserID
  - Enter your Password
  - Review (by clicking on 'Terms & Conditions') and agree by checking the box.
- **Step 3.** Select the  ('Login') button.



- *Tip: The 'My Portal' page is displayed.*

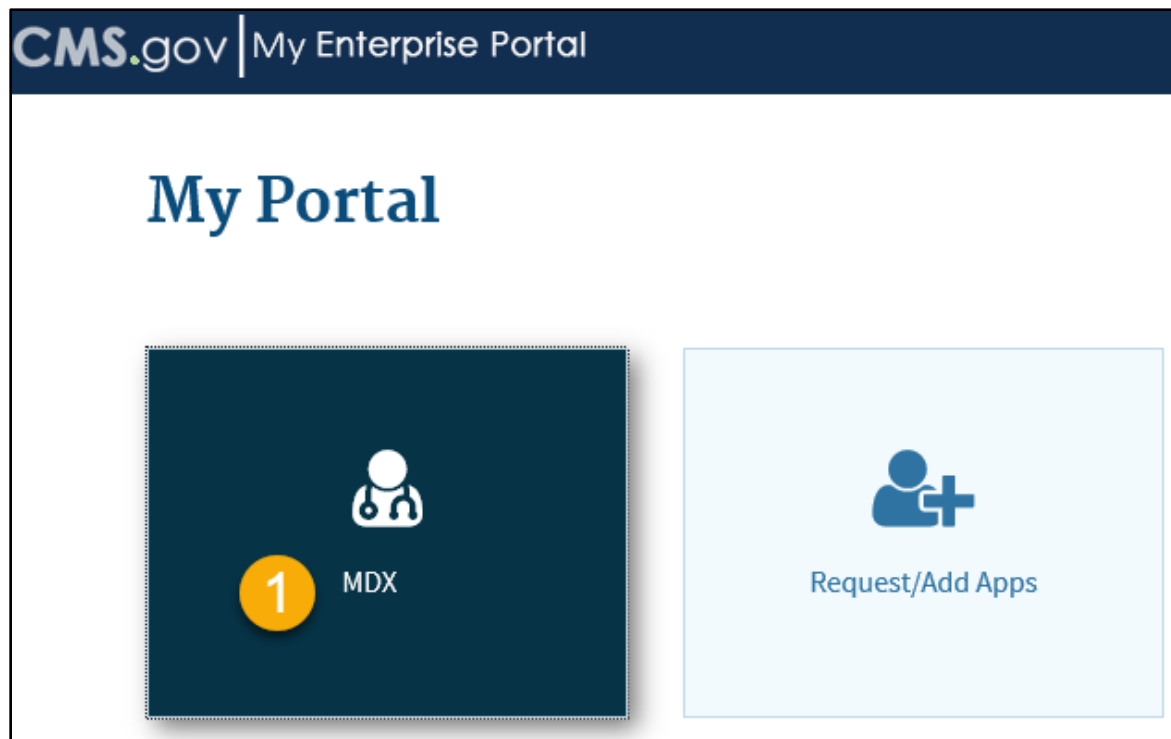


- **Step 4.** Select the 'MDX' tile. The options displayed are 'Overview', 'Application', 'MicroStrategy Reports' and 'MAC Document Library'.
- **Related Help Card:**
  - 'How to Navigate the MDX Portal'

## MDX Portal: How to Navigate the MDX Portal

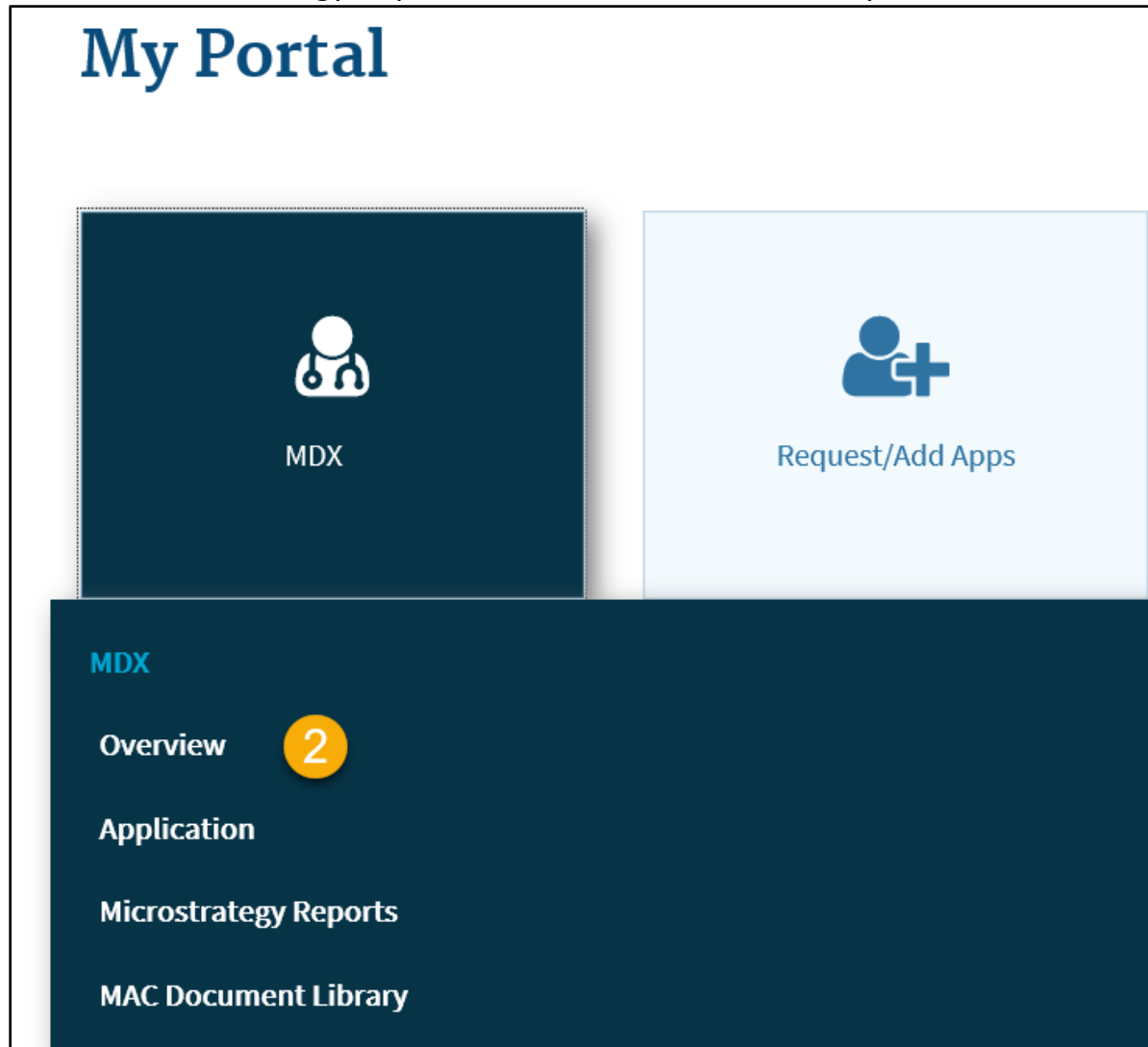
- Roles: All Roles
- Navigation: CMS Enterprise Portal>MDX Portal>Overview>Application>MicroStrategy Reports

**Prerequisite(s):** An EIDM account is established, system access, user roles have been granted and user is logged into the 'MDX Portal'.



- **Step 1.** Select the 'MDX' tile from the 'My Portal' page.

- **Tip:** The MDX navigation sub menu list is displayed, the options are 'Overview', 'Application', 'MicroStrategy Reports' and 'MAC Document Library'.



➤ **Step 2.** Select 'Overview'.

- **Tip:** The 'Overview' page is displayed, and the Help Desk details are provided: "Please contact MDX Help Desk at the email address provided if you are experiencing technical issues or have questions about the MDX Portal." Email: [MDX\\_Helpdesk@cms.hhs.gov](mailto:MDX_Helpdesk@cms.hhs.gov)
- **Tip:** Once inside the 'MDX Portal', the 'My Apps' link is available at the top of every page so that you may navigate throughout the MDX Portal.

## MAC/CMS Data Exchange (MDX) Portal

### MDX Help Desk Contact Information & Bulletins

#### Help Desk

Please contact the MDX Help Desk at the email address provided if you are experiencing technical issues or have questions about the MDX Portal.

Email: [MDX\\_Helpdesk@cms.hhs.gov](mailto:MDX_Helpdesk@cms.hhs.gov)

Help Desk Hours: Monday to Friday 8:00 am – 5:00 pm ET

#### Identified System Issues:

- 1/16/2018: Current reference of "Application" in the MDX sub menu list will be replaced with "File Submission".

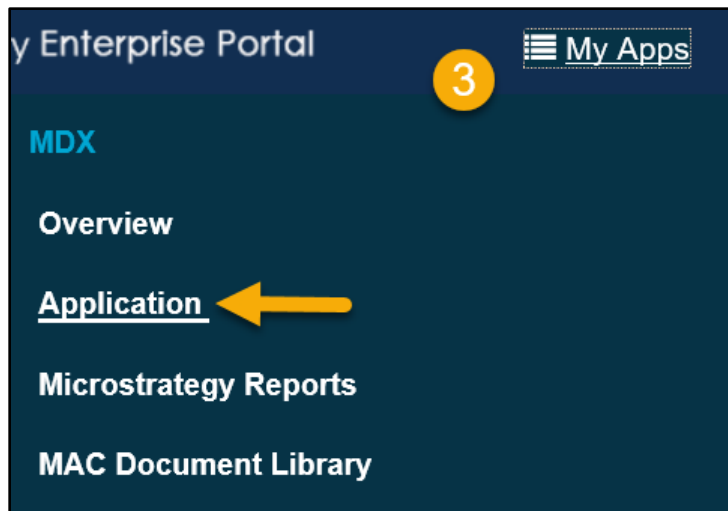
#### Upcoming Enhancements:

- Document Library will contain Help Cards, MSRE and MSRW templates, and other related documents.
- Help Cards revisions are in progress to incorporate the Enterprise Portal redesign changes.
- Functional area dashboards and reports are under analysis and design.

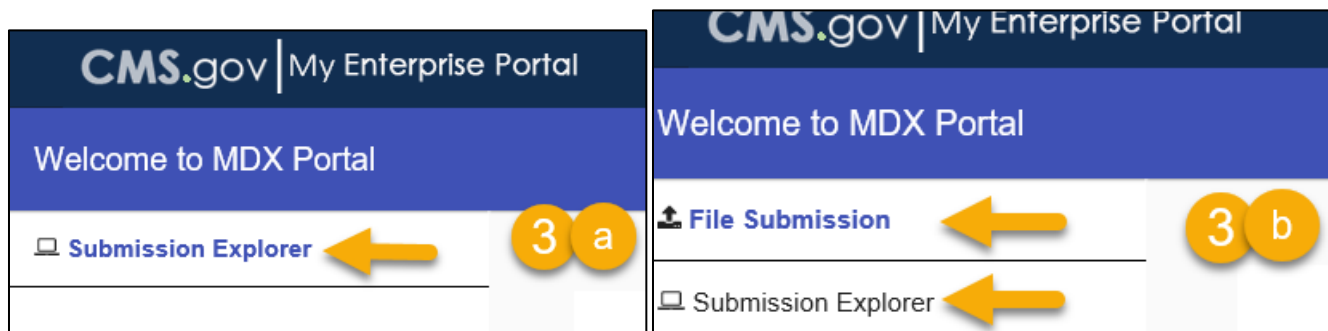
#### CMS Network Outage Notifications:

- Currently there is no planned network outage.





- **Step 3.** Select the **My Apps** ('My Apps' link) from the top of the page to expand the sub menu list and select 'Application'.
- **3a.** The 'Submission Explorer' page is displayed for all roles.
- **3b.** The 'File Submission' page is displayed for the MDX MAC POC user role only to submit MSRE and MSRW files, and 'Submission Explorer' is also available in the left menu to select as needed.



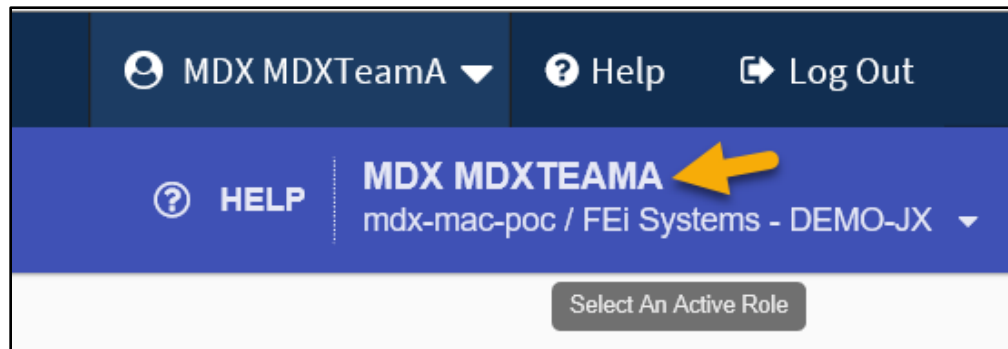
MDX MAC USER View

MDX MAC POC User View

- **Tip:** Within Submission Explorer additional features are available and shown below such as:

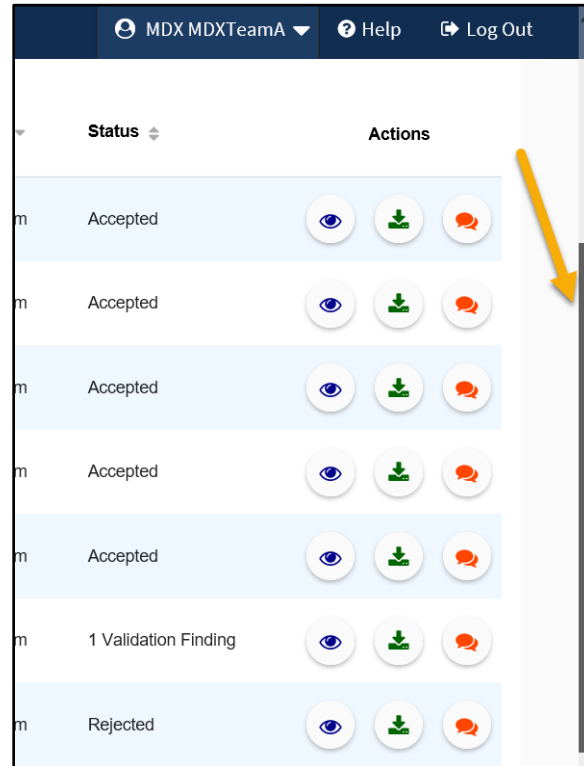
- 'Select an Active Role'
- 'Scroll Bar'
- 'Pagination'
- 'File Submission' details
- 'Actions'
- 'File Information' page
- 'Log Out'

- 'Select Active Role'



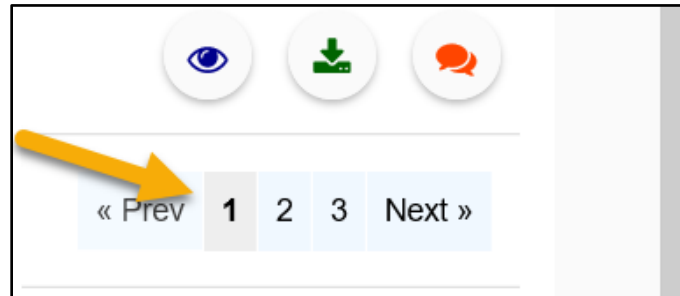
- Select 'Active Role' which is available for users associated with more than one jurisdiction to toggle between those jurisdictions without having to log in and out with other credentials.

- **'Scroll Bar'**



- Use the 'Scroll Bar' to move up and down the page.

- **'Pagination'**



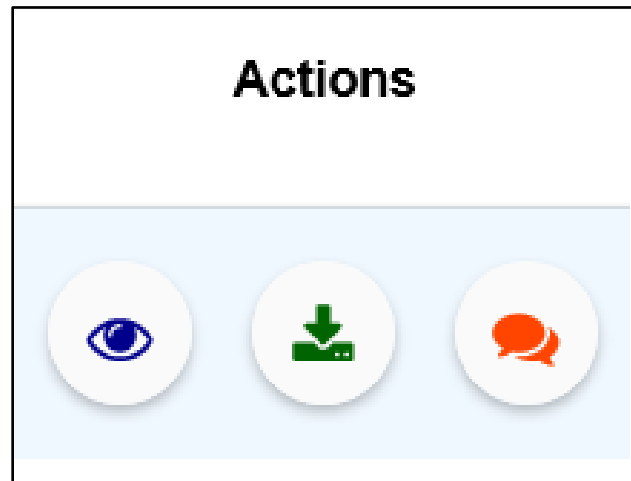
- Use the 'Pagination', to tab through pages of file submissions.

- **'File Submission Details'**

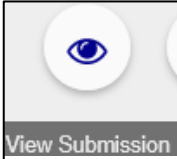
File Name	Jurisdiction	Submitted For	Submission Date	Status
JX_Nov_2017_MSRE_v...	JX	Nov, 2017	Jan 17 2018,4:17 pm	Accepted

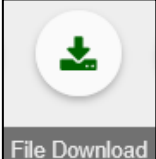
- View 'File Submission' details such as:
  - File Name
  - Jurisdiction
  - Submitted For (date)
  - Submission Date
  - Status ('Accepted', 'Validation Findings', 'Rejected' and '# of Validation Findings Overridden')

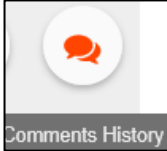
- *'Actions'*



- *Use the 'Actions' to:*

- *'View Submission'*  *(to go to the 'File Information' page).*

- *'File Download'*  *(to download or save the file; options are browser specific).*

- *'Comments History'*  *(to go to the 'File Comments' page to enter comments or view comments history).*

- **'File Information Pages'**

The screenshot displays a web application interface for managing submissions. On the left, a 'Submission Explorer' sidebar contains a list of items: 'JX\_Nov\_2017\_MSRE\_v1-for...', 'File Comments', 'File Information' (highlighted), 'Claims-Part A', 'Claims-Part B', 'Appeals-Part A', 'Appeals-Part B', 'Telephone', 'General Inquiries', 'PRRS Inquiries', 'Congressional Inquiries', 'Audit', and 'OP Recovery-A'. A vertical scroll bar is present next to this list. The main content area is titled 'File Information' and contains a table with the following data:

File Information	Value
Document Id	6077
File Name	JX_Nov_2017_MSRE_v1-for demo pass.xls
Jurisdiction	JX
Submitted For	Nov, 2017
Submitted Date	Jan 17 2018,4:17 pm
Number of Validation Findings (excluding overridden)	0
Notes	This is a test data submission.

Below the table, the 'Validation Findings' section states: 'There are no validation findings associated with this submission'.

- Use the 'File Information' page to:
  - View 'File Information'
  - View 'Validation Findings'
  - Use the 'Scroll Bar' to move up and down the left menu

Submission Explorer	
JX_Nov_2017_MSRE_v1-for...	
File Comments	
File Information	
<b>Claims-Part A</b>	
Claims-Part B	
Appeals-Part A	

Part A Claims	
Part A Claims	Nov
Bills Received	1,535,193
Number of Electronic Bills	1,534,697
Number of Paper Bills	495
Bills Processed	1,363,275
Percent RAs Electronically Sent	96.00%

- *Select a 'Business Function' from the left menu to view the metrics for the selected file submission.*

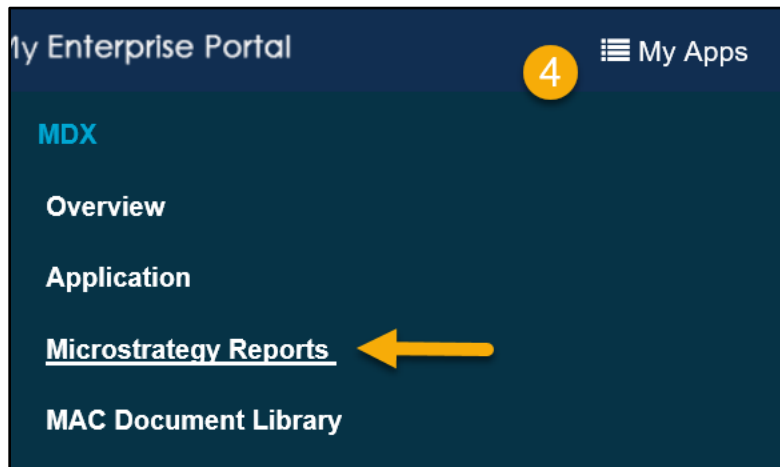
File Submission	
Submission Explorer	
JX_Nov_2017_MSRE_v1-for d...	
JX_Nov_2017_MSRE_v1-for...	
File Comments	
<b>File Information</b>	

- *From the left menu you may also select:*
  - 'File Submission'
  - 'Submission Explorer' (if you have a MAC POC role)
  - 'File Comments'
  - 'File Information'

- 'Log Out'



- Use Log Out to exit the MDX Portal Application pages.



- **Step 4.** Select the **My Apps** ('My Apps' link) from the top of the page to expand the sub menu list and select 'MicroStrategy Reports'.
  - **Tip:** The 'Shared Reports page' is displayed, with options for 'MAC Dashboard', 'MAC MSRE Reports' and 'MAC Summary Reports'.





IS.gov | My Enterprise Portal


My Apps

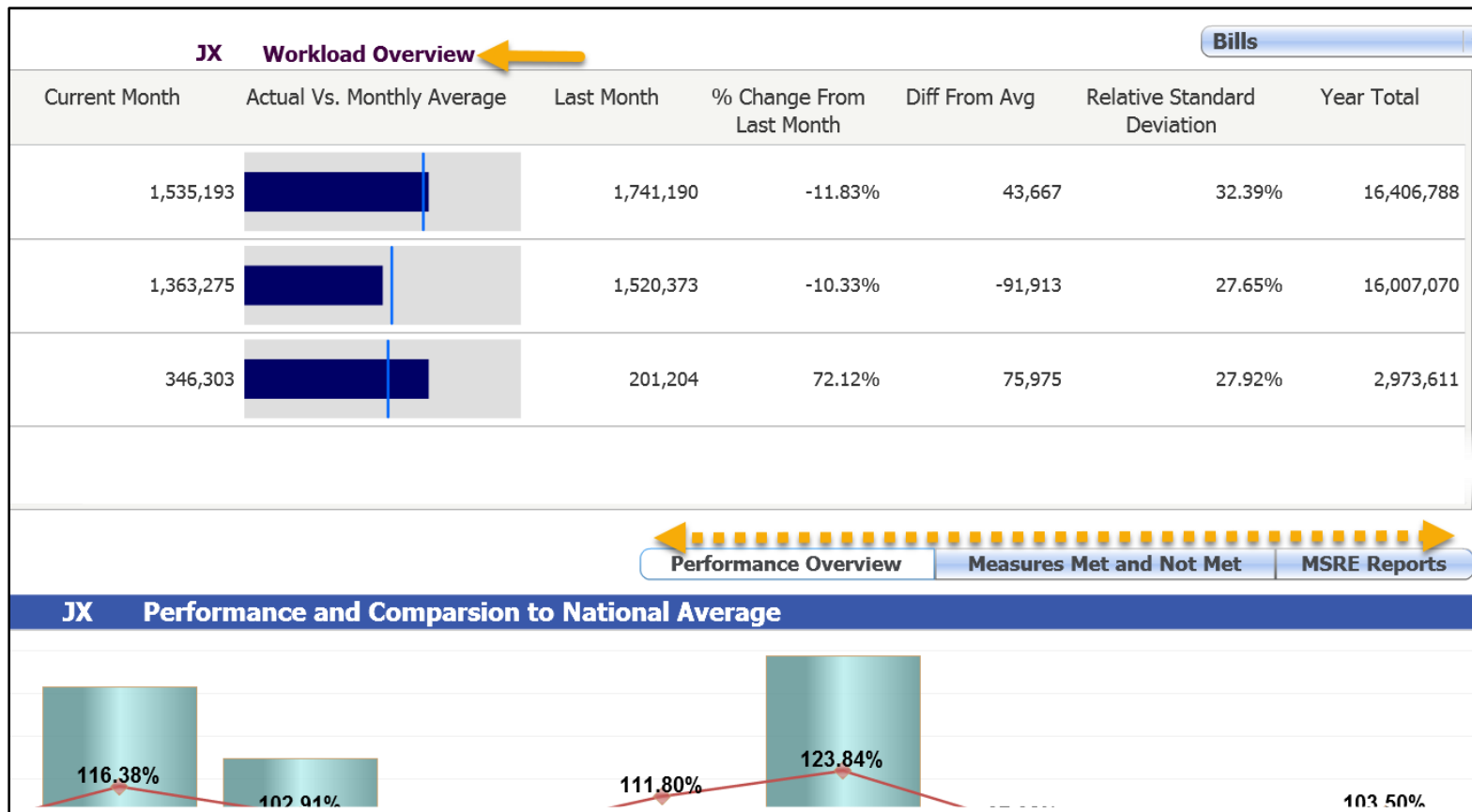
MAC/CMS Data Exchange (MDX) Portal\_DEV > Shared Reports

Reports  
ports  
ects  
List

**MAC Dashboard**  
Owner:  
Modified:  
11/14/17 1:25:35 PM  
Executive Summaries In Workload Trend, Performance Overview, and CMS Standard Measurement.

**MAC Summary Reports**  
Owner:  
Modified:  
11/8/17 1:30:46 PM  
Summary Reports with Selected Key Metrics in Functional Areas for Part A, Part B, Part A and B

**MAC MSRE Reports**  
Owner:  
Modified:  
11/8/17 12:46:21 PM  
Detailed Reports for each of 30 MSR Tabs



- Select 'MAC Dashboard' for:
  - Jurisdiction 'Workload Overview'
  - 'Performance Overview'
  - 'Measures Met and Not Met'
  - 'MSRE Reports'



### Appeals Part A

Owner:

Modified:

11/7/17 1:13:41 PM

Appeals-Part A Monthly Report



### Appeals Part B

Owner:

Modified:

11/7/17 1:13:41 PM

Appeals-Part B Monthly Report



### Audit

Owner:

Modified:

11/7/17 1:13:41 PM

Audit Monthly Report



### CERT Part A

Owner:

Modified:

11/7/17 1:13:41 PM

CERT Part A Monthly Report



### CERT Part B

Owner:

Modified:

11/7/17 1:13:41 PM

CERT Part B Monthly Report



### Claims Part A


Owner:


Modified:

11/7/17 1:13:41 PM


Claims-Part A Monthly Report

- Select 'MAC MSRE Reports' to run a business function report with defined metrics.


Portal\_DEV > Shared Reports > **MAC Summary Reports** 




**MAC MSRE Year to Date Report**  
**Owner:**  
**Modified:**  
11/29/17 2:30:40 PM  
MSRE Year-to-Date Report summarizes all metrics in all 30 tabs by month



**Summary Part A Report**  
**Owner:**  
**Modified:**  
11/7/17 1:13:51 PM  
Summary Report for Part A in Claims, Appeals, OP RA, CERT, MSP, Comp Credits, Provider Enrollment, RAC and MR, with selected metrics and CMS standards met or not met.




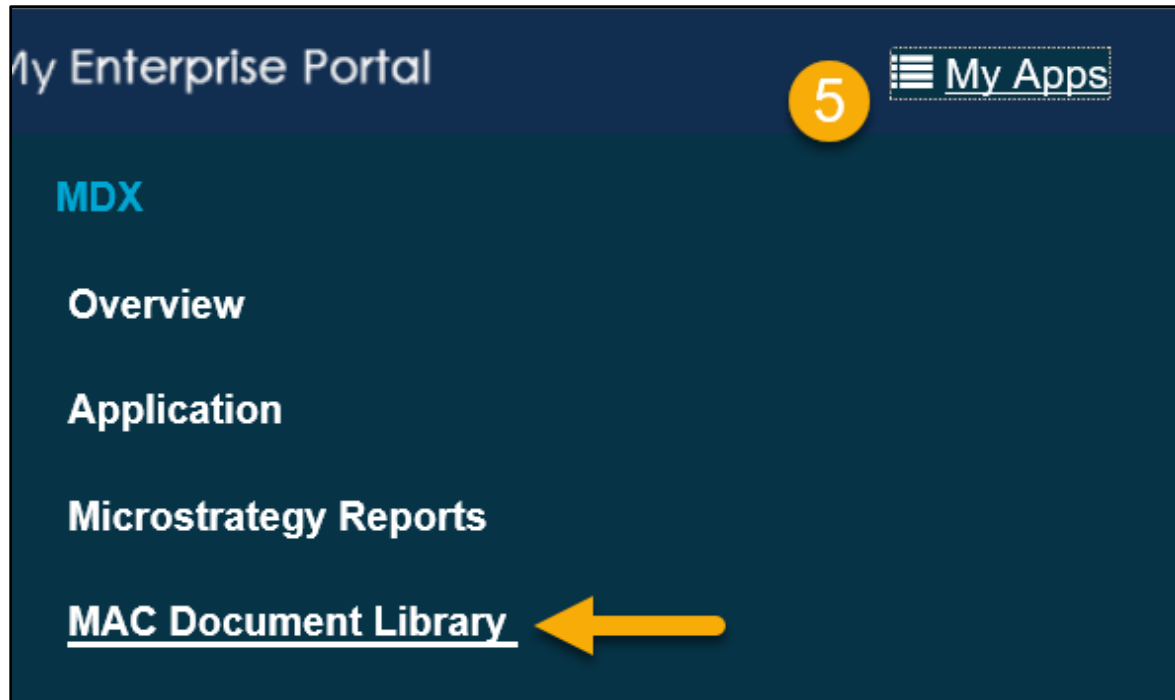
**Summary Part A/B Report**  
**Owner:**  
**Modified:**  
11/7/17 1:13:51 PM  
Summary Report for Part A and B in Telephone Services, General Inquiries, PRRS Inquiries, Congressional Inquiries, Audit, and EDI Helpdesk, with selected metrics and CMS standards met or not met.



**Summary Part B Report**  
**Owner:**  
**Modified:**  
11/7/17 1:13:51 PM  
Summary Report for Part B in Claims, Appeals, OP RA, CERT, MSP, Comp Credits, Provider Enrollment, RAC and MR, with selected metrics and CMS standards met or not met.

- *Select 'MAC Summary Reports' to run a summary report for:*
  - *'MAC MSRE Year to Date Report'*
  - *'Summary Part A Report'*
  - *'Summary Part A/B Report'*
  - *'Summary Part B Report'*

- **Step 5.** Select the  **My Apps** (My Apps link) from the top of the page to expand the sub menu list and select 'MAC Document Library'.



- **Tip:** The 'MAC Document Library' page is displayed, with options for 'MSRE and MSRW Resources' and 'MAC Help Cards'. Click on any link and the document will be displayed.



➤ **Related Help Cards:**

- 'How to Log In to the MDX Portal'
- 'How to Access MAC Summary Reports'
- 'How to Access MAC MSRE Reports'
- 'How to Use the MAC Dashboard'
- 'How to Submit a MSRE or MSRW File'
- 'How to Check the Status of a MSRE or MSRW File Submission'
- 'How to Download a MSRE or MSRW File'
- 'How to View a Submitted MSRE or MSRW File'
- 'How to Comment on a Submitted MSRE or MSRW File'
- 'How to Log Out of the MDX Portal'

# MDX PORTAL ANNOUNCEMENT

MDX

•  
SEPTEMBER 2018

**What?** The MDX Portal is ready! This announcement is to provide you with information about MDX Portal to support your user experience.

- **MDX Menu Options**

*Table 1: MDX Menu Options*

MDX Menu Options	Details
<b>MDX Dashboard and Reports</b>	Provides views of MAC Workload Overview and Performance details with reporting capabilities.
<b>File Submission</b>	Allows Monthly Status Report Excel and Word file uploads, views, comments, and validation override functionalities.
<b>CMS/MAC Document Library</b>	Provides resources and information such as Help Cards, User Manuals, Templates and more.
<b>MDX Overview</b>	Help Desk contact information and Bulletins with pertinent updates.

- **Other MDX Features**

*Table 2: MDX Features*

MDX Features	Details
<b>Validator</b>	Allows MACs to test load and validate before actually submitting it to MDX.
<b>Bulletins</b>	Provide users with a place to see information such as system issues, enhancements, outages, and more.
<b>Help</b>	Allows users to submit help requests from MDX to the MDX Help Desk.

**Where?** The Production site via CMSNET

**How?** Log in directly using your EIDM credential here [Link to MDX Production Site](https://portal.cms.cmsnet/wps/myportal/cmsportal/myportal/)  
(<https://portal.cms.cmsnet/wps/myportal/cmsportal/myportal/>)

**When?** Available September 10, 2018!

