

MMP Encounter Submission Direction for Dual Demonstration

HHSC and CMS are providing updated direction regarding requirements for submission of encounter data for the Dual Demonstration. This guidance will replace any previous guidance or direction regarding submission of Medicare-Medicaid Plan (MMP) encounters. MMPs are required to submit Medicare and Medicaid encounters for all services rendered in the program, and utilize the following criteria to determine whether an encounter should be submitted as Medicare or Medicaid:

- 1) **Medicare Encounters:** All claims where Medicare would be the primary payer must be submitted as Medicare encounters. This includes any service that is Medicare covered benefit, regardless of whether the service is also covered by Medicaid.
- 2) **Medicaid Encounters:** All claims where Medicaid would be the primary payer must be submitted as Medicaid encounters. This includes any service that is a Medicaid covered benefit, but is not covered by Medicare.

Previously, HHSC had directed MMPs to submit Medicaid encounters reflecting any “crossover” or Medicaid co-pay or deductible responsibility for Medicare covered services, however, that guidance is withdrawn. MMPs are expected to allocate each service to one program only. Detailed information regarding submission of Financial Statistical Reports (FSR) has been previously provided and is consistent with this guidance. If you have questions regarding FSR Reporting, please contact Jeff Ovington at Jeff.ovington@hhsc.state.tx.us and copy your Health Plan Management team. Texas MMP’s plans are required to submit both Medicare and Medicaid encounters directly to CMS and HHSC.

HHSC Submission Requirements

Medicaid Encounters

MMPs must utilize the existing Medicaid process to submit MMP Medicaid Encounters to HHSC. Submitted files must conform to existing Medicaid 837 and NCPDP Companion Guides and requirements. All MMPs have successfully completed trading partner testing for submission of these encounters, and are expected to be submitting Medicaid encounters consistent with contractual and statutory timelines.

Medicare Encounters

HHSC continues development of a system solution to process Medicare encounters in the format and structure utilized by CMS. Currently it is estimated that trading partner testing will occur around January of 2016, and production submission of encounters will begin around March. More detailed information is forthcoming.

HHSC anticipates accepting Medicare encounters in the 837 and PDE formats defined by CMS, with minor modifications. HHSC will define file naming conventions that deviate from CMS requirements, and will also impose the following limitations on submitted files:

- 1) Only one GS/GE Functional Group may be submitted per file. Files submitted with multiple GS/GE functional groups will be rejected.
- 2) A maximum of 5,000 transactions may be submitted per file. Files submitted with more than 5,000 transactions will be rejected.

CMS Submission Requirements

Information regarding CMS encounter submission is available at www.csscooperations.com, under the tabs labeled “Medicare Medicaid Plans” and “Medicare Encounter Data”.