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

MEDICARE-MEDICAID COORDINATION OFFICE

DATE: April 29, 2014

TO: Medicare-Medicaid Plans

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

SUBJECT: Timeframes for Testing, Certification, and Submission of Encounter Data by
                      Medicare-Medicaid Plans (MMPs)

This memo provides additional guidance to that provided in the two prior HPMS Memos of July
26, 2013 and October 24, 2013.

Timeline for Testing and Certification of Systems Access
Testing and certification of MMP file structures enable access to the CMS encounter data
submission system via Palmetto's Customer Service Support Center (CSSC) and may begin as
early as 3 months prior to contract effective date.

MMP enrollment packets and companion guides can be downloaded from the Palmetto GBA
website under the "Medicare-Medicaid Plans" tab: www.csscoperations.com. (The Companion
Guide for Medicare services only can be found under the "Encounter Data" tab.)

All MMPs must enroll using the provided MMP enrollment packets, regardless if the
organization has enrolled previously as a Medicare Advantage Plan.

Establishing Connectivity by MMPs
Prior to submitting data, MMPs and other entities must establish a secure connection to CMS
systems. MMPs and other entities use the electronic connection not only to submit data to CMS
but also to receive front-end acknowledgement and processing status reports. Once connectivity
has been established and enrollment documentation has been completed, the Customer Service
Support Center (CSSC) works directly with the organizations to ensure that testing/certification
is completed in a timely manner. For details please see: www.csscoperations.com.

All submitters must complete an Electronic Data Interchange (EDI) Agreement with CMS and
submit to CSSC prior to submitting data. The EDI Agreement is a contract between the MMP or
other entity and CMS attesting to the accuracy of the data submitted. An officer (e.g., CEO) that
represents the MMP or other entity must sign this document. In addition, the Submitter ID
Application, and an Authorization Letter (if applicable) is required.

Prior to submitting production files, anyone submitting data (the MMP itself or a third party) must complete testing and certification. CSSC coordinates the application process as well as the testing and certification process.

Timeline for Data Submission
Submission may begin 4 months after your plan began providing benefits to your beneficiaries. If your plan began providing benefits to beneficiaries prior to May 1, 2014, please use May 1 as the date from which you calculate the four months.

MMPs and other entities are required to submit data at the frequency specified according to a tiered scale determined by the number of enrollees per Contract ID, with the exception of Prescription Drug Event (PDE), and Risk Adjustment (RAPS). MMPs and other entities must adhere to the minimum frequency standards established by the tiered scale, but are encouraged to submit data more often. If the submission standards cited in your three-way contract are more stringent than those described in the schedule below, please adhere to your contract's standards. The table below provides the minimum frequency standards for data submission:

Frequency of Data Submission by MMPs:

Plan Enrollment	Production Requirements
Greater than 100,000	Weekly
50,000 – 100,000	Bi-Weekly
Less than 50,000	Monthly
Prescription Drug Event (PDE)*	Monthly Submission
Risk Adjustment (RAPS)*	Quarterly Submission

* Please refer to the tabs specific to Part D Drugs (PDE) data and RAPS data at www.csscoperations.com for additional submission details.

For additional questions, please contact CSSC Operations at: 1-877-534-2772 or csscoperations@palmettogba.com. Please send policy related questions to our MMCO resource box at: MMCOcapsmodel@cms.hhs.gov.