

# CMS State Buy-In Files

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# Today's Agenda



1. What is the State Data Resource Center (SDRC)?
2. What Are Buy-In Files?
3. The Process
4. Daily vs. Monthly Exchanges
5. Texas: Lessons Learned Moving From Monthly/Weekly to Daily Buy-In File Exchange
6. Resources



# What is the State Data Resource Center (SDRC)?

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## **SDRC's role:**

Provide states with support, assistance, and guidance on how to request, access, and use Medicare data provided by the Centers for Medicare & Medicaid Services (CMS) to support their dually eligible individuals.



# What Are Buy-In Files?

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## State Buy-In Data Exchange with CMS:

- The state's input record includes a record for each Medicare beneficiary for whom the Medicaid agency is accreting, deleting, or changing buy-in status.
- In response, CMS returns an updated transaction record that provides data identifying, for each transaction on the state file, whether CMS accepted, modified, or rejected it, as well as a monthly Part A/B billing record showing the state's premium responsibility.
- Each state must submit buy-in transaction files to Third Party System (TPS) on at least a monthly basis for updating the EDB through an electronic file transfer exchange setup.

# Why Is the Buy-In Agreement Important?

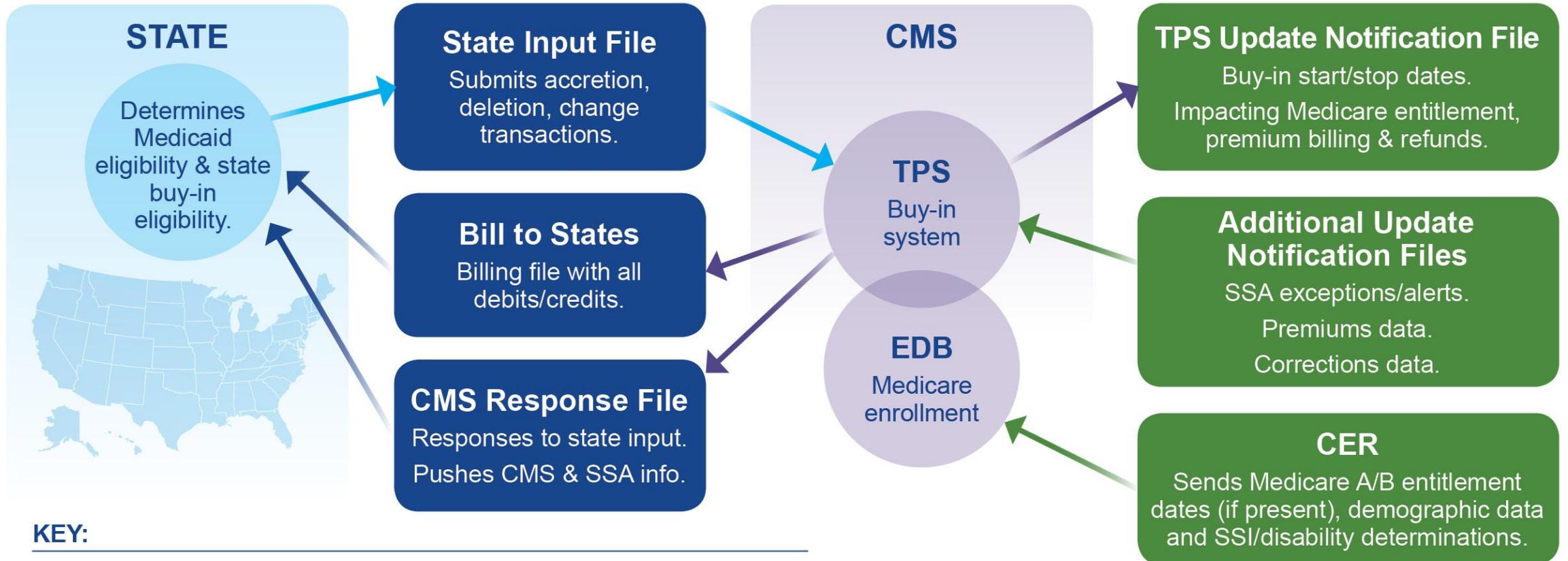
**Buy-In Agreement** – between CMS and the state, whereby the state can secure Premium Parts A/B coverage for eligible individuals in the buy-in group by enrolling them and paying Medicare premiums on their behalf.

- For your state:
  - Direct Medicare Part A and/or Part B enrollment.
  - Eases administrative process for states to pay Medicare premiums.
  - Maximizes the number of your state’s “full Medicaid” recipients enrolled in Medicare, ensuring Medicare pays primary to Medicaid.
  - Facilitates enrollment in Medicare for low-income individuals not eligible for full Medicaid benefits.



# The Process

# The Process



**KEY:**

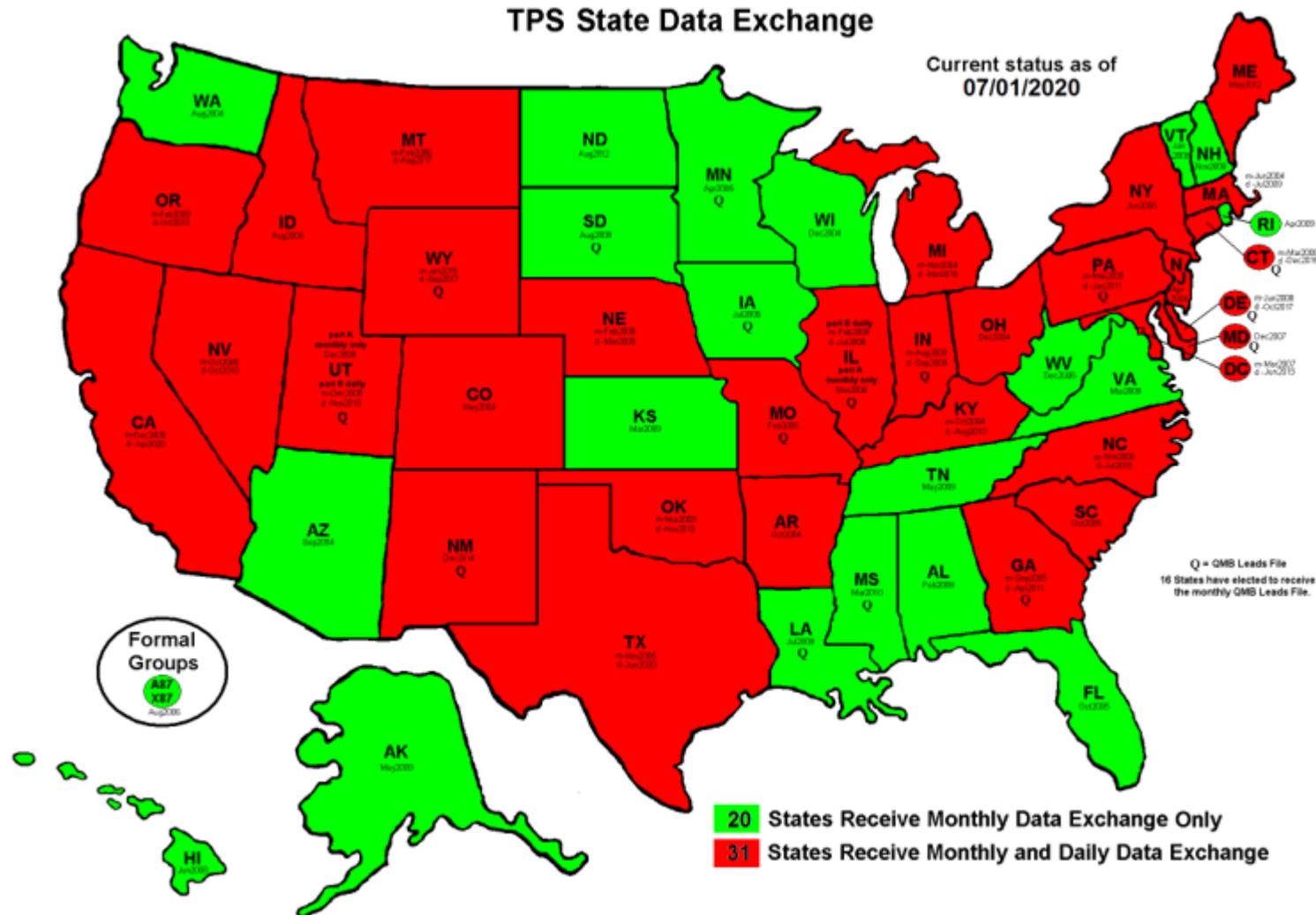
**TPS** – Third-Party System

**CER** – Combined Exchange Record file

**EDB** – Enrollment Database

**SSA** – Social Security Administration

# TPS State Data Exchange



# State Transition to Daily Buy-In Files From CMS

CMS Office of Information Technology must impose a limit on the number of states switching from monthly to daily data exchange within any given month, i.e. implementing an update to receive daily buy-in reply files from CMS. This is due to the following required system changes:

- State buy-in system updates and testing required—this refers to the state’s own buy-in system and not to the CMS state buy-in system (third-party system (TPS)). More often than not, states find they must modify their own buy-in system so it can accommodate the daily reply file input.
- Limited resources for TPS testing and releases.
- New electronic file transfer (EFT) file exchanges, TPS jobs, and datasets required.
- Life cycle documentation and transition checklist.



# Daily vs. Monthly Exchanges

# Benefits of Daily Exchanges

## Care Coordination

- Ensures information on dual-eligibility status is accurate and up to date by increasing the frequency of federal–state data exchange is an important step in the path to interoperability.
- Effectuating an earlier shift to Medicare as primary payer for many healthcare services.
- Supports states that promote enrollment in integrated care by expediting the enrollment into Medicare, since beneficiaries must have Medicare Parts A and B as well as Medicaid to be eligible for integrated products such as Dual Eligible Special Needs Plans and Medicare-Medicaid Plans.

# Benefits of Daily Exchanges (cont.)

## State efficiencies

- Daily exchanges reduce administrative burden of reconciling benefit costs when buy-in is retroactive for beneficiaries already receiving Medicaid.

## Faster help for beneficiaries

- Faster enrollment in Medicare and access to coverage if beneficiaries don't have coverage already. For those who already have Medicare, it's faster assistance in paying Medicare costs.

## Reduced burden on providers

- Aides timely error identification and resolution, mitigating the payment and other implications of the error.

# Differences in Daily Exchange

- Daily reply files from CMS:
  - Alerts (RIC-A)
  - Claim Number changes (RIC-C)
  - Date changes and a new type of Reply Records (RIC-D)
  - Personal Characteristic differences (RIC-E)
  - Transaction Request Rejection Records (RIC-F)
- RIC-B billing records are held until the end of the month when they are used to help calculate the monthly liability for the State.

★ **NOTE:** “daily” means every business day only.

# Steps to Achieve Daily Exchange

- Upon contacting CMS with intent to begin daily submission, a test file exchange may be set up.
  - Test file exchanges must continue to include header and trailer records indicating the files are for “TEST”, and using test file naming conventions.
- Next, CMS and the State will perform end-to-end test file processing exchanges until the State is satisfied testing is complete.
- **Best practice** is to plan on daily data exchange from CMS to the State to begin on the very first day of any new month.

# Frequently Asked Questions

 Question	 Answer
<b>Is an alternative for weekly data exchange available?</b>	There is no restriction to the frequency in which states may send buy-in files to CMS. However, <b><u>CMS sends buy-in files only on a daily and monthly schedule.</u></b> States may then choose how they process these files according to their own system design.
<b>Which transaction codes count as a failed accretion?</b>	<b>Failed State accretion requests:</b> 2161, 2163, 2175, 2184 (record not found or other reason) 2461, 2463, 2475, 2484 (invalid or missing effective date) 2561, 2563, 2575, 2584 (duplicates existing coverage) 2961, 2963, 2975, 2984 (posted date of death at CMS)
<b>Do you have a conversion formula for HICN to MBI?</b>	There is no conversion process as the new MBIs are unique. SDRC offers a crosswalk from Bene ID to HICN and Bene ID to MBI, which can be used to identify beneficiary MBI. <b>Note:</b> <i>State Buy-in continues to use HICNs, and not MBIs. States may submit MBIs but CMS will only return HICNs.</i>
<b>Is the file layout the same after switching from monthly to daily exchange?</b>	File formatting remains the same.



# Texas: Lessons Learned Moving From Monthly/Weekly to Daily Buy- In File Exchange

# Introduction to the Texas Team

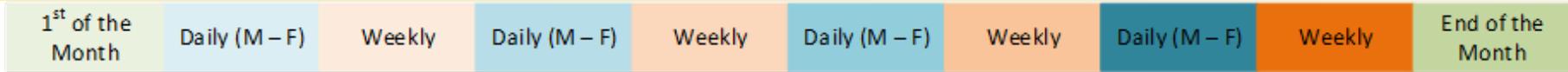
## Texas Health and Human Services Commission IT Team

- Mike Dobson (Project Manager)
- Julie Seaton
- Suresh Mallela
- Sandesh Puchalapalli
- Sudip Sarkar
- Subramanian Radhakrishnan

## Texas Data Integrity Team (Program Area Owners)

- Diamond Mendoza (Project Manager)
- Grizel Morales (Supervisor)

# Overview of the System Being Used to Transmit Buy-In Files to CMS (Changing to Daily Exchange).



## TX Buy-In Processing Details

### 1<sup>st</sup> of the Month Process

- Process Part A and Part B TPS Billing File into CMS Response History.

### Daily Process

- Process Part A and Part B Daily Response Files into CMS Response History. (Monday – Friday)
- Data Integrity Staff creates request transaction codes for any corrections in State Medicaid Eligibility.
- Send request transaction codes created by Data Integrity Staff to CMS. (Tuesday – Friday)

### Weekly Process

- Acknowledge Part A and Part B TPS Billing Files
- Batch Process creates request transaction codes based on the information received from State Medicaid Eligibility.
- Batch Process sends request transaction codes created by Batch and Data Integrity Staff to CMS

### End of the Month Process

- Voucher Preparation - Prepare Supporting Documentation for Accounting Department for preparing Purchase Voucher

# Driving Force for Changing to Daily Exchange of Files with CMS.

- This initiative was first discussed over 6 years ago with Texas HHSC Program management and Buy-In IT team.
- Individual Clients and official Ombudsman complaints about clients not receiving Buy-In benefits in a timely manner.
- Client receipt of benefits endured significant delays due to monthly process between Texas, CMS, and Social Security Administration (SSA).

# Successes in the Transition Process

- Avoid duplicate submission to CMS which resulted in less rejections.
  - When the SSI client is enrolled into Buy-In.
  - When the client is removed from State Buy-In Program by CMS.
  - When the client has moved out-of-state.
- Change in clients Medicaid Eligibility.
  - Able to submit the changes to CMS in timely manner, hence reducing turnaround time.
- CMS was able to extend the original planned testing period to allow more testing and analysis (February - April 2020).
- Establish direct transmission between Texas and CMS, eliminating SSA as pass-through.

# Challenges in the Transition Process

- Testing files are limited to only 1000 records and not able to test full sized files due to CMS Test Environment Limitations.
  - To accommodate CMS Test Environment Limitations, we combined Transaction records from the Production and Test environment manually to cover test scenarios.
- Discovered new rules that TX could receive transactions back from CMS (1751) for which Texas has not initiated (51).
- Discovered error on how CMS creates TPS Billing File by sending RICF (Rejection Records) and CMS was able to fix the error.
  - Assumptions was Billing Records will only come TPS Billing File.

# Lessons Learned

- CMS provides and shares a Manual on how CMS processes State Daily Reply Files to TPS Billing Files.
  - CMS Processing Calendar.
  - TPS Billing Cutoff Times.
- Understand monthly TPS Billing cutoff times and when the daily files are applied to TPS monthly Billing files. Daily files are processed on last business/working day of month by 11 am EST, to reflect on the TPS Billing file.
  - **Example:** If the file arrives at CMS prior to 11:00am ET, it will be processed as part of the 07/31/2020 daily update processing and will be included in the 07/31 daily reply file and in the 08/01/2020 billing file.

# Recommendations for Transitioning to Daily Exchange

- Obtain manual from CMS on how CMS Process State Daily Reply Files to TPS Billing Files.
  - CMS Processing Calendar
  - TPS Billing Cutoff Times
- Implement Phased Approach
  - Implement daily receipt of CMS responses.
  - Understand How CMS applies Transaction Codes on to TPS Billing File.
- Implement Daily Request Files Once Daily Response (Reply) process is streamlined.

# Recommendations for Transitioning to Daily Exchange (cont.)

- Prepare Test Plan and Test scenarios and communicate the same with CMS.
- Anticipate exceptions when states start sending the Daily Request Files to CMS.
  - I.E. receiving CMS response deletion transactions (1751) for which Texas did not initiate with a (51). These can be general, unanticipated transactions that could happen triggered possibly from information from other states.
- Establish in person communication channel with CMS Buy-In Business Area.
- **CMS has a Master just like Texas:** Reconciliation file for future, build a master based on CMS information.

# Best Practices

- Communication with CMS Technical contact was excellent and more streamlined.
- Prepare detailed Test Plan and submit to CMS before starting Testing. This will ensure how CMS operates and states can align their processing with CMS.

# Impacts on Workflow

- **Positive:** Turnaround time has improved for receiving client benefits.
- **Positive:** More frequent transactions allow for timely corrections and adjustments.
- **Challenges:** Policy questions having to go to a CMS email mailbox. Texas Buy IN IT can only talk to CMS IT.
- **Challenges:** Communication frequency between **SSA/SOLQ** needs to be enhanced.
- **Challenges:** Create files Manually to test all scenarios to accommodate CMS Test Environment Limitations.



# Resources

# Resources – SDRC Help Desk

## Should you have questions, such as:

- Data Use Agreement processes and compliance.
- Changing the frequency of the finder file submission.
- Policy-related questions.



Please contact SDRC at [SDRC@EconometricaInc.com](mailto:SDRC@EconometricaInc.com) or (877) 657-9889.

# Resources – MAPD Help Desk

For technical questions such as:

- CMS State buy-in file exchange, response records and billing records
- State buy-in invoices and reports
- Electronic File Transmission (EFT) issues

Please contact the MAPD Help Desk at [MAPDhelp@cms.hhs.gov](mailto:MAPDhelp@cms.hhs.gov) or (800) 927-8069.

# Resources – Division of Premium Billing and Collections

Please contact [DPBCStateBuy-in@cms.hhs.gov](mailto:DPBCStateBuy-in@cms.hhs.gov) with any specific Buy-In file questions.

- **Manual for State Payment of Medicare Premiums, December 2019:** [https://www.cms.gov/files/document/state-payment-medicare-premiums-manual-draft-12132019?utm\\_source=TWITTER&utm\\_medium=social&utm\\_content=20191216\\_2949275100&utm\\_campaign=Medicare,Medicaid,CMSPress&linkId=79144212](https://www.cms.gov/files/document/state-payment-medicare-premiums-manual-draft-12132019?utm_source=TWITTER&utm_medium=social&utm_content=20191216_2949275100&utm_campaign=Medicare,Medicaid,CMSPress&linkId=79144212).

