

Supplemental File Tip Sheet

The tips below are for submitting encounter supplemental records for Brand New Day's Medicare Advantage plans.

The Encounter Submission team will convert the supplemental file to the correct submission layout and submit the file to CMS's EDPS portal through WiPro.

File Requirements

- Standard layout is ICE format but files in other layouts will be accepted as long as required data elements are included (see below for required data elements)
- Files should be separated by **encounter type:**
 - Institutional (IP) or
 - Professional (PP)
- Files should be separated by **program:**
 - Supplemental (Supp) or
 - Chart review (Chart)
- Files should be separated by **file type:**
 - Add (A)
 - Delete (D)

File Naming Convention

Files should be named using the convention below. This will ensure the Encounter Submission team is able to determine which submission layout to use.

Format: <Region / IPA>_<Health Plan>_<Encounter Type>_<Program>_<File Type>_<Date/Time Stamp>.txt

EXAMPLES:

- BND Professional Supplemental Add
01234_BND_PP_Supp_A_20230501120000.txt
- BND Institutional Chart Review Delete
01234_BND_IP_Chart_D_20230501120000.txt

File Submission Process

1. Region/provider group sends file via sFTP
2. Encounter Submission team converts file to correct layout
3. Encounter Submission team submits file to CMS
4. CMS processes file and responds with accepted or rejected status
5. Encounter Submission team reviews rejected encounters
6. Encounter Submission team works with submitter to correct data errors

REQUIRED DATA ELEMENTS IF UNABLE TO SEND ICE FORMAT

FIELD NAME	EXAMPLE DATA	REQUIRED OR OPTIONAL	NOTES
Health Plan	Brand New Day	Required	Brand New Day is currently in scope
Encounter ID	2022019I0005700	Required	Unique identifier assigned to the encounter record
Health Plan Member ID	500312011	Required	This is the health plan's member ID, not the provider's. The member ID is used to validate eligibility. This is not the CMS MBI.
Member Last Name	Smith	Required	
Member First Name	Jane	Required	
Member DOB	19601201	Required	CCYYMMDD format
Gender	"F" or "M"	Required	1 character length
Date of Service From	20230101	Required	CCYYMMDD format
Date of Service Through	20230101	Required	CCYYMMDD format
Billing Provider TIN	12345678912345	Required	14 character length
Billing Provider NPI	1234567891234	Required	13 character length
Rendering Provider TIN	12345678912345	Required	14 character length
Rendering Provider NPI	1234567891234	Required	13 character length
Claim Type	"I" or "P"	Required	Institutional or Professional
ICD 10 Codes	E119	Required	Decimal can be removed
CMS ICN		Optional	CMS Internal Control Number. Required for Chart Review Replace and Delete/Void records.