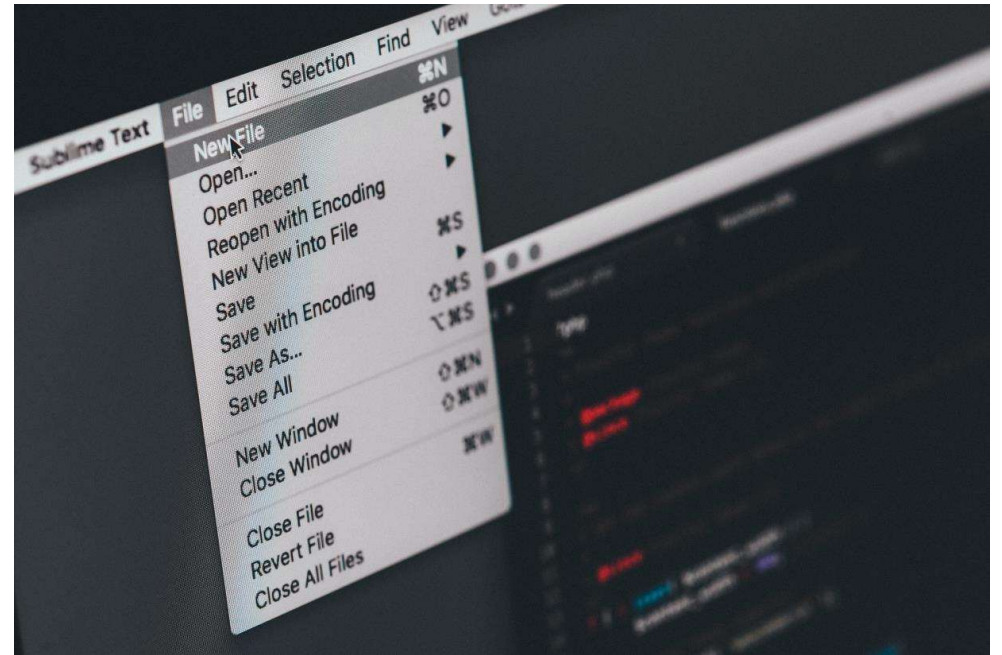


SECTION THREE

Supplemental File Submissions.



Supplemental Files: Exploring Different Types



Linked Encounters

Records with diagnosis codes not previously submitted on an existing claim or encounter record

All delete records must be linked to a previously submitted encounter.



Unlinked Encounters

Records that have not been previously submitted

Unlinked Encounters should not replace submitting encounter data through the standard submission process - i.e., Office Ally



EMR Extract

File that contains all encounter records typically used prior to a Sweeps period to ensure the plan has captured all encounter records

Supplemental Files are an important part of the claims and encounter process, and understanding the different types of files is essential for successful submission.

Bright's Full EMR Reconciliation Process



Compare using Member ID, Date of Service, and Provider NPI

To determine if Bright has already received the record



Compare CMS Accepted Records at the diagnosis code level

To ensure all conditions in the provider file matches what was accepted by CMS



Missing data is remediated with the provider group

A Supplemental record is created to submit the missing data



Reconciliation process can be done quarterly

Frequently to ensure accuracy of records

Bright's Full EMR Reconciliation process is comprehensive and efficient, ensuring accuracy of records and compliance with CMS standards.

Supplemental File Submissions

File Requirements



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)

Supplemental File Submissions

File Naming Convention

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

Supplemental File Submissions

File Submission Process

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



Coming Soon:
Supplemental File
Feedback Reporting

Supplemental File Submissions

Required Data Elements

If Unable to Send the ICE layout providers must send the required data elements to avoid full file failures.

NOTE: Both Billing and Rendering Provider information is required if they are different. Rendering and Billing Provider data can be used interchangeably if needed.

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.

Additional Tips for Submitting Supplemental Data



Supplemental files should only include one record per Member ID, DOS, and Provider combo

Duplicate records (same Member ID, DOS, and Provider NPI) will cause a full file failure even if the CPT and Dx codes are different



Encounter ID should be unique to every record

An encounter id can only be used one time on a file



Supplemental files should not replace submitting encounter data through Office Ally

Providers should be submitting encounter data regularly through Office Ally and submitting supplemental data to update missing or updated encounters



Questions or additional information

Contact: RiskAdjustmentGroup@brighthouse.com or

Melanie Loughren, Risk Adjustment Encounter Submissions Director, mloughren@brighthouse.com

It is important to ensure that supplemental files are properly formatted to avoid any errors or issues when submitting.

Thank you!



brand new day

HEALTHCARE YOU CAN FEEL GOOD ABOUT

For additional resources & information, visit our risk adjustment education websites:

BND: www.bndhmo.com/providers

CHP: www.centralhealthplan.com/cpa

For questions, contact: Elise Depew, Risk Adjustment Senior Manager; edepew@brighthousecare.com