EDGE SERVER WEBINAR SERIES V

2014 Lessons Learned: Submission of Void and Replace Claims

October 6, 2015

Health Insurance Marketplace Program Training Series

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Agenda

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Session Guidelines

- This is a 90-minute webinar session.
- For questions regarding content and the DDC program, please contact your Financial Management (FM) Service Representative directly and copy the Centers for Medicare & Medicaid Services (CMS) Help Desk (CMS_FEPS@cms.hhs.gov).
- For questions regarding logistics and registration, please contact the Registrar at (800) 257-9520.

Intended Audience

- Amazon and On-Premise Server Issuers (Marketplace and Non-Marketplace)
- Third Party Administrators (TPAs) and Support Vendors

Purpose

The purpose of this External Data Gathering Environment (EDGE) server session is:

- To share 2014 data submission lessons learned as it relates to the submission of void and replace claims and remind issuers of known system limitations.

Lessons Learned:
Void and Replace Functionality

Void and Replace Processing

- During discrepancy reporting, CMS observed a need to clarify the steps and actions that occur when issuers submit a void or replacement claim.
- In particular, an explanation of the EDGE server software process steps used to update a previously accepted and stored active claim were needed.
  - When are previously submitted claims inactivated and when are they not inactivated?
  - How can issuers verify that a claim has been inactivated?
  - How does the software determine if a void or replacement claim should be accepted or rejected?
  - What are the known system limitations with void and replace submissions?

Voiding and Replacing Medical Claims

EDGE Server Medical Claim Table

- Accepted medical claims are stored in the MEDICAL_CLAIM table.
  - The data table details can be found in the EDGE Server Schema Production and Test Schema Data Dictionary, published in REGTAP.
- Important data elements, in the MEDICAL_CLAIM table, for researching original, void and replacement claims:

Field Name	Description
ORIGINAL_CLAIM_ID	The claim identifier of the medical claim that is to be voided or replaced.
MEDICAL_CLAIM_ID	The claim identifier of the medical claim.
INACTIVATION_DT	Date the medical claim was inactivated.
TRANSACTION_TYPE	The type of the transaction. Valid values are: 'O' – Original 'R' – Replace 'V' – Void
CLAIM_STATUS	Claim status. Valid values are: '0' – Inactive '1' – Active
CLAIM_PROCESSED_DATETIME	The date and time when the claim was adjudicated and resulted in a paid amount or reported encounter.

Voiding and Replacing Medical Claims Process Steps

There are six (6) basic steps to voiding and replacing medical claims.

1	Issuer submits an original claim that is accepted and stored as active.
2	Issuer submits a void or replace.
3	EDGE server identifies a void or replace has been submitted based on the value populated in the Void/Replace Indicator field.
4	EDGE server uses the Original Claim ID to find the original claim. (a) If a match is not found, the void or replace claim is rejected. (b) If a match is found, the process continues.

Voiding and Replacing Medical Claims Process Steps (continued)

5*	EDGE server uses the Claim Processed Date Time to determine if the original claim should be inactivated. (a) If the date time passes, then the original claim will be inactivated. (b) If the date time fails, then the original claim will not be inactivated and the void or replace claim is rejected.
6	EDGE server checks the remaining required data elements to determine if the void or replacement claim should be accepted. (a) If all data elements pass the new claim is stored. (b) If one or more data elements fail, then the new claim will not be stored and the void or replace claim will be rejected.

*** Important Note: Original claims may be inactivated without a void or replacement claim being accepted.**

Step 1 - Issuer Submits Original Claim

- **Inbound XML* (Original claim submitted)**
  - Assumption: All data values on the claim header and claim line are included and pass the EDGE server file processing verification edits.

Record ID	Unique Enrollee ID	Form Type	Claim ID	Original Claim ID	Claim Processed Date Time	Void/Replace Indicator	Diagnosis Code
123456	J87m01s	P	55555C1012	NULL	2015-01-07T13:32:05	NULL	V270

- **MEDICAL_CLAIM table (Original claim accepted and stored as active)**
  - When the inactivation date is null and claim status is one (1), the claim is active.

ORIGINAL_CLAIM_ID	RECEIVED_INSURED_MEMBER_ID	MEDICAL_CLAIM_ID	INACTIVATION_DT	CLAIM_STATUS	TRANSACTION_TYPE	CLAIM_PROCESSED_DATE_TIME
NULL	J87m01s	55555C1012	NULL	1	O	2015-01-07T13:32:05

*** This example only includes a portion of the claim header elements required and does not include claim lines. Issuers must submit both a header and at least one claim line in accordance with the ICD.**

Inactivation of an Original Claim

- To *inactivate* an original claim, issuers must include the Void/Replace Indicator, the Original Claim ID and a Claim Processed Date Time.
  - The Void/Replace Indicator triggers the void/replace logic.
  - The Original Claim ID is used to find the claim being voided or replaced.
    - If the original claim is not found, the void or replace claim is rejected.
    - If the original claim is found, the Claim Processed Date Time is checked.

Inactivation of an Original Claim (continued)

- The Claim Processed Date Time is used to determine the order of processing of the claims.
  - If the Claim Processed Date Time of the void or replace claim is later than the original claim Processed Date Time the original claim will be inactivated.
    - **Note: The void or replacement is not yet accepted.**
  - If the Claim Processed Date Time of the void or replace claim is equal to or earlier than the original Claim Processed Date Time the void or replace claim *will be rejected and the original claim will **not** be inactivated*.

Acceptance of a Void and Replace Claim

- To *accept* a void or replace claim, a minimum set of data elements must be populated and pass the verification edits.
- When voiding a medical claim, the only required data elements that must pass the verification edits are:
  - **Claim Header:** Record ID, Claim ID, Original Claim ID, Claim Processed Date Time, Void/Replace Indicator
  - **Claim Line:** Record ID, Service Line Number
    - If any additional data elements are populated, they will also be subject to the verification edits. Only when all data elements pass the edits will the void be accepted.
- When replacing a medical claim, issuers must include all required data elements as outlined in the Interface Control Document (ICD). All verifications must pass for the claim to be accepted.

Steps 2: Issuer Submits a Void

- An issuer submits a void with the required data elements, including an Original Claim ID, Claim Processed Date Time and a 'V' for the Void/Replace Indicator.

Inbound Medical XML (Void Submission)

Claim Header

Record ID	Claim ID	Original Claim ID	Claim Processed Date Time	Void/Replace Indicator
987654	99999C4545	55555C1012	2015-02-12T07:14:00	V

Claim Line

Record ID	Service Line Number
987654	1

- Issuers have the option of submitting a single claim line or all previously submitted claim lines. All claim lines must have a Record ID and service line number. The service line value may be defaulted to zero (0).

Steps 3 & 4: EDGE Server Identifies the Void and Searches for the Original Claim

Inbound Medical XML (Void Submission)

Claim Header

Record ID	Claim ID	Original Claim ID	Claim Processed Date Time	Void/Replace Indicator
987654	99999C4545	55555C1012	2015-02-12T07:14:00	V

Claim Line

Record ID	Service Line Number
987654	1

MEDICAL_CLAIM table (Original claim accepted)

- The original claim ID in the inbound medical XML matches an active claim in the medical claim table.

ORIGINAL_CLAIM_ID	RECEIVED_INSURED_MEMBER_ID	MEDICAL_CLAIM_ID	INACTIVATION_DT	CLAIM_STATUS	TRANSACTION_TYPE	CLAIM_PROCESSED_DATE_TIME
NULL	J87m01s	55555C1012	NULL	1	O	2015-01-07T13:32:05

Step 5a: EDGE Server Compares the Claim Processed Date Time (Correct Submission)

- The Claim Processed Date Time is used to determine if the original claim is inactivated.
  - Only when the Claim Processed Date Time on the void or replace is later than the original Claim Processed Date Time will the original claim be inactivated.

Inbound Medical XML* (Void Submission)

	Record ID	Claim ID	Original Claim ID	Claim Processed Date Time	Void/Replace Indicator
Claim Header	987654	99999C4545	55555C1012	2015-02-12T07:14:00	V

MEDICAL_CLAIM table (Original active claim)

ORIGINAL_CLAIM_ID	RECEIVED_INSURED_MEMBER_ID	MEDICAL_CLAIM_ID	INACTIVATION_DT	CLAIM_STATUS	TRANSACTION_TYPE	CLAIM_PROCESSED_DATE_TIME
NULL	J87m01s	55555C1012	NULL	1	O	2015-01-07T13:32:05

**** Claim Line has been removed for illustrative purposes***

Step 5a(i): EDGE Server Inactivates the Original Claim
Claim Processed Date Time Later than Original

- When the EDGE server software confirms that the Claim Processed Date Time is later on the submitted void, then the original claim is inactivated.

MEDICAL_CLM table (Original active claim)

ORIGINAL_CLAIM_ID	RECEIVED_INSURED_MEMBER_ID	MEDICAL_CLAIM_ID	INACTIVATION_DT	CLAIM_STATUS	TRANSACTION_TYPE	CLAIM_PROCESSED_DATE_TIME
Null	J87m01s	55555C1012	null	1	O	2015-01-07T13:32:05

MEDICAL_CLM table (Original claim inactivated)

ORIGINAL_CLAIM_ID	RECEIVED_INSURED_MEMBER_ID	MEDICAL_CLAIM_ID	INACTIVATION_DT	CLAIM_STATUS	TRANSACTION_TYPE	CLAIM_PROCESSED_DATE_TIME
null	J87m01s	55555C1012	2015-03-01T11:54:10	0	O	2015-01-07T13:32:05

Step 5(b): EDGE Server Compares the Claim Processed Date Time (Incorrect Submission)

- The Claim Processed Date Time is used to determine if the original claim is inactivated.
  - If the Claim Processed Date Time is equal to or earlier on the void or replace claim than the Claim Processed Date Time on the original claim, then the void or replacement claim will be rejected and the original claim will not be inactivated.

Inbound Medical XML* (Void Submission)

Claim Header

Record ID	Claim ID	Original Claim ID	Claim Processed Date Time	Void/Replace Indicator
987654	99999C4545	55555C1012	2015-01-07T13:32:05	V

MEDICAL_CLAIM table (Original claim accepted)

ORIGINAL_CLAIM_ID	RECEIVED_INSURED_MEMBER_ID	MEDICAL_CLAIM_ID	INACTIVATION_DT	CLAIM_STATUS	TRANSACTION_TYPE	CLAIM_PROCESSED_DATE_TIME
NULL	J87m01s	55555C1012	NULL	1	O	2015-01-07T13:32:05

**** Claim Line has been removed for illustrative purposes***

Step 5b(i): EDGE Server Rejects Void: Claim Processed Date Time Equal to or Earlier than Original Claim

- When the EDGE server software identifies that the Claim Processed Date Time is equal to or earlier on the submitted void, the void is rejected and the original claim remains active.

Inbound Medical XML* (Void submission – date equal to original claim)

Claim Header

Record ID	Claim ID	Original Claim ID	Claim Processed Date Time	Void/Replace Indicator
987654	99999C4545	55555C1012	2015-01-07T13:32:05	V

MEDICAL_CLAIM table (Original claim remains active)

ORIGINAL_CLAIM_ID	RECEIVED_INSURED_MEMBER_ID	MEDICAL_CLAIM_ID	INACTIVATION_DT	CLAIM_STATUS	TRANSACTION_TYPE	CLAIM_PROCESSED_DATE_TIME
NULL	J87m01s	55555C1012		1	O	2015-01-07T13:32:05

Outbound Medical Claim Detail Report (Void Rejected)

Inbound Record ID	Status Code	Error Element	Error Value	Error Code	Error Message
987654	R	claimProcessedDateTime	2015-01-07T13:32:05	3.5.20	ClaimProcessedDateTime must be later than the latest ClaimProcessedDateTime of an accepted transaction in the database

**** Claim Line has been removed for illustrative purposes***

Step 6: Void Submission Verification

- The submitted void or replacement claim must undergo the verification edits for all required fields before it can be accepted and stored in the MEDICAL_CLAIM table.
  - If any data element fails verification, the void or replacement claim will be rejected **but the original claim will remain inactive.**
  - If all data elements pass verification, the void or replacement claim will be accepted and stored in the MEDICAL_CLAIM table.
    - Void claims are stored as inactive.
    - Replacement claims are stored as active.

Step 6(a): Original Claim Inactivated, Void Accepted and Stored

MEDICAL_CLM table (Original claim accepted)

ORIGINAL_ CLAIM_ID	RECEIVED_INSURE D_MEMBER_ ID	MEDICAL_CLAIM_ ID	INACTIVATION_DT	CLAIM_ STATUS	TRANSACTION _TYPE	CLAIM_PROCESSED_DATE _TIME
	J87m01s	55555C1012	NULL	1	O	2015-01-07T13:32:05

Inbound Medical XML* (Void submission – passed all edits)

Claim Header

Record ID	Claim ID	Original Claim ID	Claim Processed Date Time	Void/Replace Indicator
987654	99999C4545	55555C1012	2015-02-12T07:14:00	V

MEDICAL_CLM table
(Original claim inactivated; void claim accepted and stored as inactive)

ORIGINAL_CLAIM_ID	RECEIVED _INSURED _MEMBER _ ID	MEDICAL_CLAIM_ ID	INACTIVATION_DT	CLAIM_ STATUS	TRANSACTION _TYPE	CLAIM_PROCESSED_DATE _TIME
NULL	J87m01s	55555C1012	2015-03-01T11:54:10	0	O	2015-01-07T13:32:05
55555C1012	J87m01s	99999C4545	2015-03-01T11:54:15	0	V	2015-02-12T07:14:00

**** Claim Line has been removed for illustrative purposes***

Void and Replace Required Elements

- Void and replace claims that pass the Claim Processed Date Time verification are rejected for one (1) of two (2) reasons:
  - A required data element fails verification, or
  - A data element that is not required is populated and fails verification.
- When voiding a medical claim, only seven (7) data elements [five (5) header elements, two (2) line elements] are required and must pass the verification edits.
  - If any additional data elements are populated, they will also be subject to the verification edits. Only when all data elements pass the edits will the void be accepted.
- When replacing a medical claim, issuers must include all required data elements as outlined in the ICD. All verifications must pass for the claim to be accepted.

Step 6(b): Original Claim Inactivated, Void Rejected and Not Stored

MEDICAL_CLM table (Original claim accepted)

ORIGINAL_CLAIM_ID	RECEIVED_INSURED_MEMBER_ID	MEDICAL_CLAIM_ID	INACTIVATION_DT	CLAIM_STATUS	TRANSACTION_TYPE	CLAIM_PROCESSED_DATE_TIME
NULL	J87m01s	150107C9912	NULL	1	O	2015-01-07T13:32:05

Inbound XML (Void submission – Claim processed date time is later but claim ID is missing)

Claim ID	Original Claim ID	Claim Processed Date Time	Void/Replace Indicator
	150107C9912	2015-02-12T07:14:00	V

MEDICAL_CLM table (Original claim inactivated but void will be

ORIGINAL_CLAIM_ID	RECEIVED_INSURED_MEMBER_ID	MEDICAL_CLAIM_ID	INACTIVATION_DT	CLAIM_STATUS	TRANSACTION_TYPE	CLAIM_PROCESSED_DATE_TIME
NULL	J87m01s	150107C9912	2015-03-01T11:54:10	0	O	2015-01-07T13:32:05

**** Claim Line has been removed for illustrative purposes***

Step 6b(i):EDGE Server Rejects Void: Missing Required Element

- When the EDGE Server software identifies that a required element is missing, the void is rejected.

Inbound XML (Void submission – missing claim ID)

Claim ID	Original Claim ID	Claim Processed Date Time	Void Replace Indicator
	150107C9912	2015-02-12T07:14:00	V

MEDICAL_CLAIM table (Original claim inactivated)

ORIGINAL_CLAIM_ID	RECEIVED_INSURED_MEMBER_ID	MEDICAL_CLAIM_ID	INACTIVATION_DT	CLAIM_STATUS	TRANSACTION_TYPE	CLAIM_PROCESSED_DATE_TIME
NULL	J87m01s	150107C9912	2015-03-01T11:54:10	0	O	2015-01-07T13:32:05

Outbound Medical Claim Detail Report (Void Rejected)

Inbound Record ID	Status Code	Error Element	Error Value	Error Code	Error Message
987654	R	Claim ID	NULL	3.1.1	Required element is missing

** Claim Line has been removed for illustrative purposes*

Voiding and Replacing Pharmacy Claims

Pharmacy Void and Replace Claims

- The void and replace functionality for pharmacy claims is similar but has some important differences.
  - The eight (8) key elements are used to identify an original claim rather than the Original Claim ID.
  - Issuers can only replace claims when a data element other than the key elements is changed.
    - If one (1) of the eight (8) key elements is changed a void must be submitted.
  - All pharmacy claims must have unique Claim IDs.

EDGE Server Pharmacy Claim Table

- Accepted pharmacy claims are stored in the PHARMACY_CLAIM table.
  - The data table details can be found in the EDGE Server Schema Production and Test Schema Data Dictionary, published in REGTAP.
- Important data elements in the PHARMACY_CLAIM table for stored void and replacement claims are shown below:

Field Name	Description
INACTIVATION_DT	Date the pharmacy claim was inactivated.
CLAIM_TRANSACTION_TYPE	The type of the transaction. Valid values are: 'O' – Original 'R' – Replace 'V' – Void
CLAIM_PROCESSED_DATETIME	The date and time when the claim was adjudicated and resulted in a paid amount or reported encounter.

- Issuers need to determine whether they will use the eight (8) key elements or the claim ID to identify stored claims.

Voiding and Replacing Pharmacy Claims Process Steps

- The six (6) basic steps to voiding and replacing claims are the same for pharmacy claims except in the data element(s) used to identify the original claim.

1	Issuer submits an original claim that is accepted and stored as active.
2	Issuer submits a void or replace.
3	EDGE server identifies a void or replace has been submitted based on the value populated in the Void/Replace Indicator field.
4	EDGE server uses **the eight (8) key elements** to find the original claim.
5	EDGE server uses the Claim Processed Date Time to determine if the original claim should be inactivated. (a) If the date time passes, then the original claim will be inactivated. (b) If the date time fails, then the original claim will not be inactivated.
6	EDGE server checks the remaining required data elements to determine if the void or replacement claim should be accepted. (a) If all data elements pass, the new claim is stored. (b) If one (1) or more data elements fail, the new claim will not be stored.

Important Note: Original claims may be inactivated without a void or replacement claim being accepted.

Eight (8) Key Elements and Claim ID

- Instead of using an Original Claim ID to identify the original claim, the eight (8) key elements are used.

  - Issuer ID
  - Dispensing Provider ID Qualifier
  - Fill Date
  - Fill Number
  - Plan ID
  - Dispensing Provider ID
  - Prescription Reference Number
  - Dispensing Status

- The Claim ID, which is required on the inbound file, is not used to identify a unique pharmacy claim, however, a unique Claim ID must be submitted with each pharmacy claim record.
  - A unique Claim ID will ensure that records are not rejected when resubmitting a new original claim or a replacement claim using the same Claim ID that was on the original claim.

Replacing Pharmacy Claims

- The replacement functionality for pharmacy claims can only be used if a data element, other than the eight (8) key elements, is being changed.
  - The eight (8) key elements are used to identify the original claim; if one (1) or more of the eight (8) key elements is changed, the replacement functionality will be unable to identify the original claim.
- Issuers should only submit a replacement claim when there is a change to one (1) of the following data elements on a previously accepted claim:
  - Unique Enrollee ID, Claim ID, Paid Date, Product/Service ID, Total Allowed Cost, Plan Paid Amount, Derived Indicator

Replacing Pharmacy Claims
(continued)

- If one (1) of the eight (8) key elements of a previously accepted claim is being changed, then a void must be submitted to inactivate the original claim.
- After submitting the void, issuers would then submit the updated claim as a new original claim **with a new Claim ID**.
  - Use of the same Claim ID will result in a reject.
    - Error Code 3.5.6 – Claim rejected because Claim Identifier already exists in the database.

Inactivation of Pharmacy Void and Replace Claims

- Inactivation of pharmacy claims will occur following the same rules as medical claims.
- To *inactivate* an original claim, issuers must include the Void/Replace Indicator, the eight (8) key elements and a Claim Processed Date Time.
  - The Void/Replace Indicator triggers the void/replace logic.
  - The eight (8) key elements are used to find the claim being voided or replaced.

Inactivation of Pharmacy Void and Replace Claims (continued)

- The Claim Processed Date Time is used to determine the order of processing of the claims.
  - If the Claim Processed Date Time of the void or replace is later than the original claim Processed Date Time the original claim will be inactivated.
    - ✓ **Note: The void or replacement is not yet accepted.**
  - If the Claim Processed Date Time of the void or replace is equal to or earlier than the original Claim Processed Date Time the void or replacement claim *will be rejected and the original claim will **not** be inactivated.*

Void and Replacement Submission Verification

- The submitted void or replacement claim must undergo the verification edits for all required fields before it can be stored in the PHARMACY_CLAIM table.
  - If any data element fails verification, the void or replacement claim will be rejected, **but the original claim will remain inactive**.
  - If all data elements pass verification, the void or replacement claim will be accepted and stored in the PHARMACY_CLAIM table.
    - Void claims are stored as inactive.
    - Replacement claims are stored as active.

Accepting Void and Replace Pharmacy Claims

- To *accept* a void or replacement claim, a minimum set of data elements must be populated and pass the verification edits.
- When voiding a pharmacy claim, the only required data elements that must pass the verification edits are the Record ID, Claim ID, eight (8) key elements, Claim Processed Date Time and Void/ Replace Indicator.
  - If any additional data elements are populated, they will also be subject to the verification edits. Only when all data elements pass the edits will the void be accepted.
- When replacing a pharmacy claim that is changing a data element other than the eight (8) key elements, issuers must include all remaining required data elements, as outlined in the ICD. All verifications must pass for the claim to be accepted.

System Limitations

Known System Limitations with Void and Replace Claim Submission

- During 2014 data collection two (2) system limitations were identified related to void and replace claim submission. These limitations and recommended solutions were published in the Consolidation of EDGE Server Implementation Weekly Updates for 2014 Data Submission (9/1/2015) published in the REGTAP library.
  - Issue 17 – Submission of multiple void and replace claims in a single medical or pharmacy claim file.
  - Issue 19 – Reusing a claim ID on pharmacy claims.
- Issuers will need to use the recommended solutions during 2015 data submission.

Known System Limitations with Void and Replace Claim Submission (continued)

- Submission of multiple void and replace claims in a single medical or pharmacy claim file.
- **Known Limitation:**
  - When more than one (1) original, void or replacement claim is included in a single claim file during ingest, any additional claims (original, void or replace) will be rejected.
- **Recommended Solution:**
  - Issuers should choose one (1) of the following options:
    - Submit only the last version of the claim and include all Dates of Service, Diagnosis Codes and final Plan Paid Amounts.
    - Segregate claims across multiple files so that there is no more than one (1) original, one (1) void and one (1) replace within a single file.

Known System Limitations with Void and Replace Claim Submission (continued)

- Reusing a Claim ID on pharmacy claims.
- **Current Functionality:**
  - Submitted voids and replacement claims are rejected as duplicate (Error Code 3.5.6) when the same Claim ID is used and one (1) of the eight (8) key elements does not match the original claim.
- **Recommended Solution:**
  - Issuers should submit unique claim IDs on all pharmacy claims.
- **Alternate Solution**:
  - Issuers can reuse a Claim ID on a void or replacement claim **only** when all eight (8) key elements match the original claim. If any one (1) of the eight (8) key elements has changed, issuers must submit a unique Claim ID.

Upcoming Webinars

Upcoming Webinars

- Upcoming webinar presentations will:
  - Highlight important business rules as they relate to a specific inbound file type.
  - Provide information on outbound files.
  - Explain data management and data retention requirements.
- CMS staff will be available at the end of each webinar presentation to answer questions on the material covered in each session.

Upcoming Webinars

Webinar	Scheduled Event Date
Open Q&A Session	**October 13, 2015**
Baseline Submission	**October 20, 2015**
Open Q&A Session	October 27, 2015
***Duplicate Claims and Mother/Baby Claims**	**November 3, 2015**

***Note – The Duplicate Claims and Mother/Baby Claims session previously scheduled for October 27, 2015 has been moved to November 3, 2015.**

Questions?

To submit questions by phone:

- ❑ Dial ‘14’ on your phone’s keypad
- ❑ Dial ‘13’ to exit the phone queue

Resources

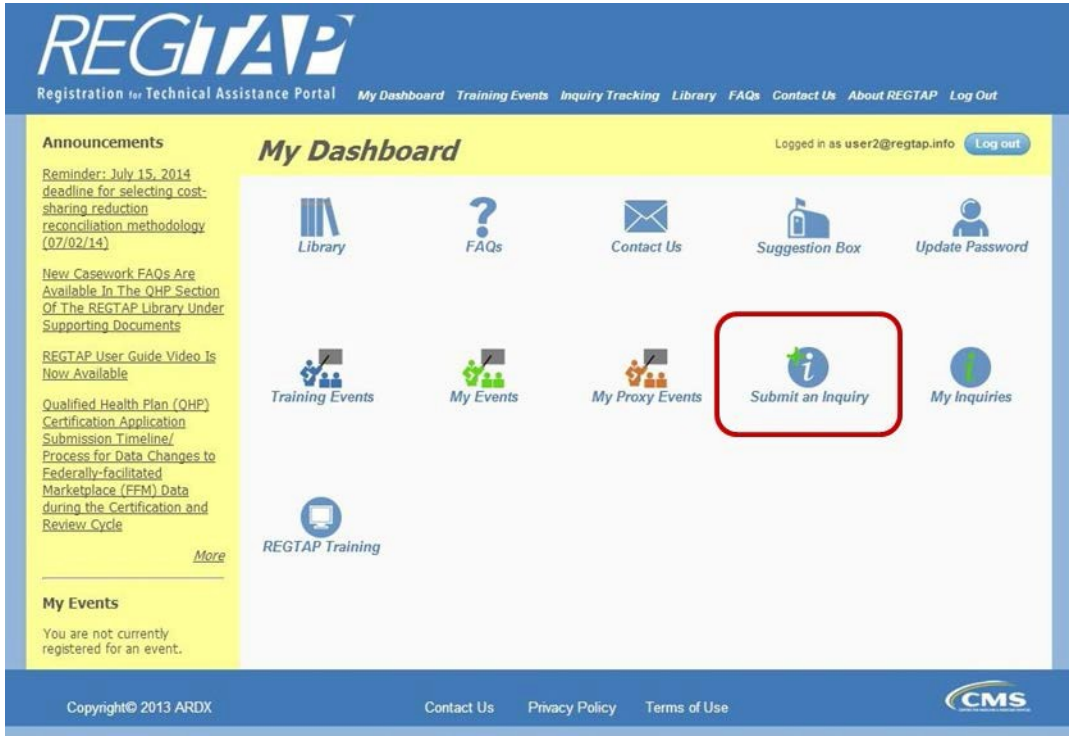
Resources

Resource	Link/Contact Information
Center for Consumer Information and Insurance Oversight (CCIIO)	http://cms.gov/cciio/
Registration for Technical Assistance Portal (REGTAP) • Registration • Inquiry Tracking and Management System (ITMS) • Resource Library • Frequently Asked Questions (FAQs)	https://www.REGTAP.info/
CMS Help Desk • Technical assistance with EDGE Registration, Provisioning and File Processing	CMS_FEPS@cms.hhs.gov 855-CMS-1515

Inquiry Tracking and Management System (ITMS)

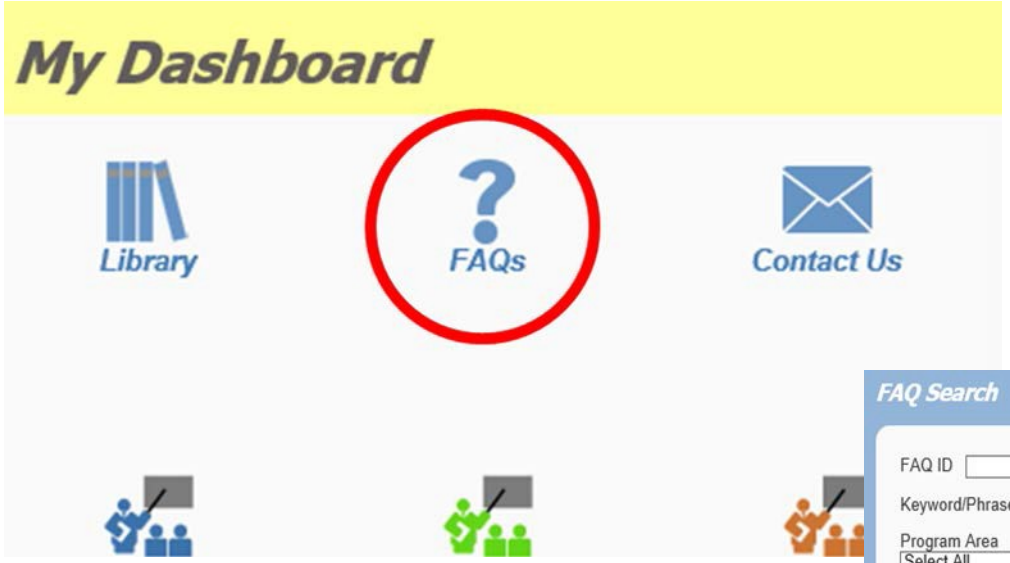
ITMS is available at https://www.REGTAP.info/

Users can submit questions after the webinar by selecting “Submit an Inquiry” from My Dashboard.



Note: Enter only one (1) question per submission.

FAQ Database on REGTAP



The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary categories, and Publish Date.

FAQ Database is available at https://www.REGTAP.info/



Closing Remarks