

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 474	Date: April 24, 2009
	Change Request 6412

Subject: Ten (10) percent Write-off from the Nine (9) CWF data bases for the Tables called: Medicare Secondary Payment and Beneficiary ESRD Dialysis Auxiliary, for the Calendar Years 2000 - 2008

I. SUMMARY OF CHANGES: The Division of Risk Adjustment and Payment Policy requires a data unload to be created from each of the nine (9) CWF data bases for the files called: Medicare Secondary Payment and ESRD AUX, for a 10 percent sample of all beneficiaries enrolled in Medicare from 2000 through 2008 to validate the MSP status.

New / Revised Material

Effective Date: October 1, 2009

Implementation Date: October 5, 2009

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

Not applicable.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

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SUBJECT: Ten (10) percent Write-off from the Nine (9) CWF data bases for the Tables called: Medicare Secondary Auxiliary and Beneficiary ESRD Dialysis Auxiliary, for the Calendar Years 2000 – 2008

Effective Date: October 1, 2009

Implementation Date: October 5, 2009

I. GENERAL INFORMATION

A. Background: Prior to March 2005, Medicare Secondary Payer (MSP) data were sourced from the Enrollment Data Base (EDB) to the Medicare Beneficiary Data base (MBD). CPC changed the source of MSP data from EDB to the Common Working File (CWF), to support the 270/271 application on the Oracle database for Medicare Advantage payments. In March 2005, the initial load of MSP data from CWF to MBD occurred. The analysis confirmed that:

1. The CWF periods sent to MBD were not validated for multiple open periods, overlapping periods, or prior open periods.
2. Notifications were not planned for the initial load, as the volume was close to 100 million periods. The IL occurred March 5, 2005 through March 7, 2005.

Due to item No.1, the initial load from CWF resulted in more periods in MBD than what EDB had sent before the cutover. Due to EDB requirements, EDB had edited the MSP periods for invalid periods, rejected the invalid periods, without sending the rejections to CWF for correction.

Since notifications were not created for the initial load, MARx would not have processed those MSP periods.

The purpose of this CR is to create a file against which the Division of Risk Adjustment and Payment Policy can validate the MSP status of the Medicare Beneficiaries provided by the Medicare plans and correctly adjust payments to the Plans. Additionally, the data will be used as guidance to the Medicare Plans on the MSP process in managed care as part of our annual 45 day Advanced Plan Payment Notice to be posted, in February for each year.

Although at this time it is not anticipated that this CR will be requested again, there is a possibility that this CR may be requested again in the future.

B. Policy: Medicare Secondary Payer (MSP) is the payment principle that notes conditions and situations under which Medicare should pay as secondary to some other entity for health services. Medicare is the secondary payer regardless of state law or plan provisions. These Federal requirements are found in Section 1862(b) of the Social Security Act {42 USC Section 1395y(b)(5)}.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B M A C	D M E M A C	F I I E R	C A R R I E R	R H I I E S	Shared-System Maintainers			
						F I S	M C S	V M S	C W F	
6412.1	<p>CWF shall unload the data from each of the nine (9) CWF data bases for the tables called 'Medicare Secondary Auxiliary' for:</p> <ul style="list-style-type: none"> • calendar year 2000 through 2008. • a sample drawn on the beneficiary HIC where the 8th position = "0". • all MSP records for all MSP types. • all valid records. • all records with deletes. <p>Sorted by HIC.</p>								X	
6412.2	<p>CWF shall unload the data from each of the nine (9) CWF data bases for the 'ESRD AUX' file for:</p> <ul style="list-style-type: none"> • calendar year 2000 through 2008. • a sample drawn on the beneficiary HIC where the 8th position = "0". • All ESRD and ESRD MSP types. • all valid records. • all records with deletes. <p>Sorted by HIC.</p>								X	
6412.3	<p>CWF shall provide a record layout for the data unload of:</p> <ul style="list-style-type: none"> • 'Medicare Secondary Auxiliary' • 'ESRD AUX' 								X	
6412.4	<p>CWF shall provide the data dictionary for the data unload of:</p> <ul style="list-style-type: none"> • 'Medicare Secondary Auxiliary' • 'ESRD AUX' 								X	
6412.5	CWF shall produce two (2) separate files:								X	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	R H H I I S S	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	<ul style="list-style-type: none"> 1 file that contains all the Medicare Secondary Auxiliary data concatenated from each of the nine (9) CWF hosts 1 file that contains all the ESRD AUX data concatenated from each of the nine (9) CWF hosts 										
6412.6	CWF shall send two (2) files produced in 6412.5 into CMS.									X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	R H H I I S S	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

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Post-Implementation Contact(s): Cecilia Prela, Cecilia.Prela@cms.hhs.gov

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.