

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



CENTER FOR MEDICARE

DATE: June 14, 2010

TO: All Medicare Advantage and PACE Organizations

FROM: Cheri Rice /s/
Deputy Director, Medicare Plan Payment Group

SUBJECT: Medicare Secondary Payer (MSP) Payment Adjustment Information

This memorandum provides Medicare Advantage (MA) and Program of All Inclusive Care for the Elderly (PACE) organizations (referred to hereafter as Health Plans) with additional information regarding the CMS Medicare Secondary Payer (MSP) Plan Payment adjustment that will be implemented with the July 2010 payment, including any necessary retroactive adjustments back through January 2010 also made at that time.

CMS has determined that Group Health Plan (GHP) MSP records reported to CMS via Medicare Administrative Contractors (MAC) and Fiscal Intermediaries/Carriers will be included in the payment adjustment calculations. These records will be included in the Other Health Coverage Information for MAO's file that is provided to Health Plans each month and can be identified by the value of "I" in the Validity Indicator field. The inclusion of these records will begin with the file Health Plans will receive in June 2010.

The "I" record is considered to be valid MSP information however the Coordination of Benefits Contractor (COBC) automatically develops these records upon receipt. Based upon the response to this development, the record may be deleted, modified or the validity indicator changed to a value of "Y." Health Plans should not submit Electronic Correspondence Referral System (ECRS) Assistance Requests for MSP records with a validity indicator value of "I" as this would duplicate the COBC's effort in this regard.

Processing of Health Plan information submitted via the ECRS system to terminate or delete GHP-MSP periods has been enhanced. Requests successfully submitted that are complete with matching information which consist of the HICN Number, MSP Type, MSP Effective Date, Patient Relationship and Insurance Type will be accepted for the automated process and should result in a response within 24-48 hours under normal operating conditions. It is important that all requests submitted be accurate and complete to expect this result. It is also important that Health Plans maintain documentation and evidence of the information collected that lead to the submission of an ECRS request.

For technical assistance with the ECRS process, please contact Bill Ford at WFord@ehmedicare.com or Alberta Smythe at ASmythe@ehmedicare.com. For general ECRS assistance please contact your COBC Consortia Representative (see attached). For plan payment questions, please contact your CMS Division of Payment Operations representative (see attached).

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