

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Beneficiary Choices  
7500 Security Boulevard, Mail Stop S3-16-16  
Baltimore, Maryland 21244-1850



## **MEDICARE PLAN PAYMENT GROUP**

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**DATE:** March 14, 2008

**TO:** All Medicare Advantage (MA), Medicare Advantage-Prescription Drug (MA-PD), Social Health Maintenance Organizations (SHMOs), PACE and Medical Savings Account (MSA) Plans

**FROM:** Thomas Hutchinson /s/  
Director

**SUBJECT:** **Additional Information on the Submittal Process for Medicare Secondary Payer (MSP) Survey Data for 2008 – ACTION**

This letter provides additional information related to the submittal of your MSP survey results that are due to CMS on July 15, 2008. The process has changed for this year and is described in the 2009 Call Letter, Section VIII, Payment (see <http://www.cms.hhs.gov/PrescriptionDrugCovContra/>). For your convenience, some of that information is repeated in this letter.

### Whom to Report

Plans will survey the non-ESRD/non-Hospice aged and disabled members contained on the March 2008 monthly membership report (MMR). CMS requires that plans submit data for:

- (1) members that report that Medicare is secondary, and
- (2) members that fail to respond to the survey.

Plans do not report members who responded that Medicare is primary. Non-MSP members are derived by CMS based on the other data that plans submit.

### What to Report

Plans are to provide the data exactly as it is defined in the format described below. Failure to comply with the format will prevent a plan's data from being processed. CMS will then consider the plan's entire membership to be Non-respondent. In this situation, the MSP status on the MBD will be used to determine the MSP reduction factor for your plan.

- The data must be submitted in a TXT file (per the format defined below).
- Only one TXT file is to be submitted for each contract number.

- The TXT file must contain records for both MSP and Non-respondent members. Do not separate the MSP and Non-respondent members into different files.
- The naming convention to be followed is **MSPPROCESS.2008.HXXXXX.TXT**; where X is the numeric portion of the plan's contract number.
- The TXT file must be zipped using WINZIP or PKZIP.
- The TXT file must be password protected. The password must be the last name of the submitter and the date that the file was submitted (YYYYMMDD format).

#### Required Record Layout of the TXT File

	Field	Field Length	Positions	Description
1	Contract Number	5	1 – 5	The plan's contract number; i.e., HXXXXX, where X is the numeric portion of your contract number.
2	Member's Health Insurance Claim Number (HICN).	12	6 – 17	The member's Medicare number including the CAN and the BIC.
3	Member's Full Last Name	30	18 – 47	Self-explanatory; unused positions must be blank
4	Member's Full First Name	18	48 – 65	Self-explanatory; unused positions must be blank
5	Member's Middle Name Initial	1	66	Self-explanatory – optional If not provided, the field must be blank.
6	Member's Date of Birth	8	67 – 74	The date of birth must be in <b>CCYYMMDD</b> format.
7	MSP Status Flag	1	75	The status flag must be either:  <b>W = for MSP or</b> <b>N = for non-</b> <b>respondent</b>

There can only be one record per member (per HICN) on the TXT file. The data values reported **MUST** be submitted exactly as stated and in the correct positions per the layout above. No exceptions are allowed.

Note that the date of birth format is CCYYMMDD, that only records for one contract number can be on one TXT file and that the MSP status flag values are W and N (not Y and N).

Failure to comply with these requirements will result in CMS rejecting your data. Your entire membership will be considered as Non-respondent, and the MSP status on the MBD will be used.

#### How and Where to Report

The zipped, password protected TXT file(s) is to be e-mailed to [Louise.Matthews@cms.hhs.gov](mailto:Louise.Matthews@cms.hhs.gov). The e-mail is to contain

- the submitter's contact information (phone number and e-mail address)
- the text in the subject line must be "2008 MSP Data for HXXXX"

Do not submit the password; it **MUST** be the last name of the submitter; with only the first letter capitalized.

Note that the due date this year is **July 15, 2008**. There will be NO extensions. The earlier date will allow CMS to provide advanced notice to each plan of their factor prior to the January 2009 payment. CMS will e-mail the computed factors back to the submitters on or around the middle of September 2008. Plans must contact their DPO representatives by October 15, 2008 if there are any issues or questions about their MSP factors. Requests for a review of the MSP factor must be reported by that date to be considered. The DPO contact list is attached.

cc: Mr. Mark Loper, CMS  
Ms. Marla Kilbourne, CMS  
Mr. David Lewis, CMS  
Ms. Cynthia Tudor, CMS  
DPO

## DPO REGIONAL ASSIGNMENTS

### Health Insurance Specialist

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