

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:** May 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: Submittal of Medicare Secondary Payer (MSP) Survey Data for 2008 - ACTION**

This letter is the final update to the instructions provided in the HPMS letter dated March 14, 2008, titled “Additional Information on the Submittal Process for MSP Survey Data for 2008”. This letter contains a replacement of the How and Where to Report section in that letter. Due to security concerns, we have changed the requirement from emailing the data to providing it on a CD. We have also enhanced some of the information in the March 14<sup>th</sup> letter to provide additional clarification.

Plans are to provide the data exactly as it is defined in the format described below. Failure to comply with this format will prevent a plan’s data from being processed and CMS will then consider the plan’s entire membership to be Nonrespondent. In this situation, the MSP status on the Medicare Beneficiary Database (MBD) will be used to determine the MSP reduction factor for your plan.

- The data must be submitted on a CD; DVDs will not be accepted.
- The CD must contain a label with the contract number(s) on it.
- 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; all in capital letters.*

### 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., HXXXX, 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).

### How and Where to Report

The CD with a letter containing contact information, the number of MSP/Nonrespondent records on the file(s) and the contract number(s) along with the zipped, password protected TXT file(s) is to be mailed by overnight carrier to:

DCCA

Attention: Thomas Joseph/Elvis Macklin  
5310 Dorsey Hall Road  
Ellicott City MD, 21042

An email from the submitter is to be sent 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), plan name and number(s) and
- the text in the subject line must be "2008 MSP Data for HXXXX"

If more than 1 contract number is on the CD, place one contract number in the subject line and state 1 of XX (XX is the total number of contracts included in the submittal).

Do not submit the password; it MUST be the last name of the submitter of the email and the CD; all capitalized.

The email will be used to return your factor(s) to you for review if you had submitted your data by 7/15.

For plans that desire a preview of their 2009 MSP factors to ensure accurate submission, the due date is July 15, 2008. Plans that submit by this date will be notified in mid to late September by email of their factors. These plans will have until October 15 to contact their DPO representative to request a resubmittal of their data to be used in revising the factor. Only corrections impacting large numbers of members; i.e., that would significantly change the initially computed factors, will be considered.

The final due date for all plans is September 15, 2008. Note that plans who submit AFTER the July 15<sup>th</sup> due date, will have NO preview and NO ability to submit corrections.

If plans fail to meet both of these due dates, CMS will consider their entire membership Nonrespondent and obtain their MSP status from the MBD.

If you have any questions about this letter, please contact your DPO representative per the attached list.

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

## DPO REGIONAL ASSIGNMENTS

### Health Insurance Specialist

Boston and New York	John Campbell (410) 786-0542 <a href="mailto:John.Campbell2@cms.hhs.gov">John.Campbell2@cms.hhs.gov</a>
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	Or Sarah Brown (410) 786-6358 <a href="mailto:Sarah.Brown@cms.hhs.gov">Sarah.Brown@cms.hhs.gov</a>

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