

## HEALTH BENEFIT INTERIM MSP DATA FILE LAYOUT

Medicare Advantage (MA) and PACE organizations will soon be receiving a file called the Interim MSP Data file. CMS will select beneficiary records that contain at least 1 open MSP period with an MSP Indicator code of Working Aged (A), End Stage Renal Disease (B), or Disabled (G). An open period shall be defined as any MSP period where the effective date is current or in the past and the termination date is non-existent or greater than December 31, 2009. These records will be sent in the Interim MSP Data file to the beneficiary's current Part C plan, as determined by the beneficiary's open Part C enrollment. An open enrollment is similarly defined as a period where the enrollment date is current or in the past and the disenrollment date is non-existent or greater than December 31, 2009. Thus records with the latest open MSP period will be sent to the Part C plan with the latest open enrollment.

It is important to note that these records will contain all MSP records related to the specific beneficiary, whether they are other types of MSP or closed on or before December 31, 2009. Health Plans should focus on only periods with an MSP indicator code of A, B, or G in the "MSP Code" Fields AND have a date later than December 31, 2009 or are blank in the "MSP Termination" Field. To determine the "Occurrence Number", plans must consider the Position in which the specific instance begins.

The Interim MSP Data file will contain fixed block records of 11,000 bytes. Each record can hold up to 17 occurrences of MSP data. Non-existing occurrences will be filled with spaces. Some of the occurrences on the file may have the DELETE Indicator set to 'D'. Though a 'D' as per definition means that the occurrence is to be deleted, they are left in place so as not to disturb the order of the occurrences as set by CWF.

The record layout below describes records in the Interim MSP Data file.

**Table 1: MBDSS-to-Plans Header Record**

Data Field	Length	Position	Format	Valid Values
Header Code	8	1...8	CHAR	File/record identification purposes only, 'CMSMSPDH'.
Sending Entity	8	9...16	CHAR	Identifies the sending entity, 'MBD ' (MBD + 5 spaces).
File Creation Date	8	17...24	ZD	CCYYMMDD format
Filler	10976	25...11000	CHAR	All spaces

**Table 2: MBDSS-to-Plans Detail Record**

<b>Data Field</b>	<b>Length</b>	<b>Position</b>	<b>Format</b>	<b>Valid Values</b>
CAN	9	1...9	CHAR	Beneficiary HICN/RRB number
BIC	2	10...11	CHAR	Beneficiary HICN/RRB number
Occurrence Count	2	12...13	ZD	Number of occurrences of the following data
MSP Data - Occurs 17 times				
Delete Indicator	1	14...14	CHAR	D-Occurrence to be Deleted
Validity Indicator	1	15...15	CHAR	Validity of MSP Coverage Y-Beneficiary has MSP Coverage N-Beneficiary does not have MSP Coverage
MSP Code	1	16...16	CHAR	MSP Coverage Type <b>A-Working Aged</b> <b>B-ESRD</b> D-No-Fault E-Workers' Compensation F-Federal (Public Health) <b>G-Disabled</b> H-Black Lung I-Veterans L-Liability
Contractor Number	5	17...21	CHAR	Identifies Contractor Establishing Entry
Data Entry Added	8	22...29	ZD	Date Entry was Created (CCYYMMDD)
Updating Contractor	5	30...34	CHAR	Identifies Contractor that Updated Entry
Maintenance Date	8	35...42	ZD	Date Entry was Last Updated (CCYYMMDD)
Filler	6	43...48	CHAR	Spaces
Insurer Type	1	49...49	CHAR	Type of Primary Insurer A-M, spaces
Insurer's Name	32	50...81	CHAR	Primary Insurer's Name
Insurer's Address-1	32	82...113	CHAR	Primary Insurer's Address Line 1
Insurer's Address-2	32	114...145	CHAR	Primary Insurer's Address Line 2
Insurer's City	15	146...160	CHAR	Primary Insurer's City
Insurer's State Code	2	161...162	CHAR	Primary Insurer's State Code
Insurer's Zip Code	9	163...171	CHAR	Primary Insurer's Zip Code
Policy Number	17	172...188	CHAR	Primary Insurance Policy Number of Insured
MSP Effective Date	8	189...196	CHAR	Effective Date of MSP Coverage (CCYYMMDD)
MSP Termination	8	197...204	ZD	Termination Date of MSP Coverage (CCYYMMDD)
Patient Relationship	2	205...206	CHAR	Relationship of Patient to Insured 01-Patient is Ins 02-Spouse 03-Natural Child, Insured has Financial Responsibility 04-Natural Child, Insured does not have Financial Responsibility 05-Step Child 06-Foster Child 07-Ward of the Court 08-Employee 09-Unknown

				10-Handicapped Dependent 11-Organ Donor 12-Cadaver Donor 13-Grandchild 14-Niece/Nephew 15-Injured Plaintiff 16-Sponsored Dependent 17-Minor Dependent of a Minor Dependent 18-Parent 19-Grandparent dependent 20-Life Partner
Subscriber First Name	9	207...215	CHAR	First Name of Policyholder
Subscriber Last Name Policyholder	16	216...231	CHAR	Last Name of Policyholder
Employee ID Number	12	232...243	CHAR	Employee ID Number Assigned by Employer
Source Code	2	244...245	CHAR	First Byte of Source Code: A-Claim Processing B-IRS/SSA/CMS Data Match C-First Claim Development D-IRS/SSA/CMS Data Match II E-Black Lung (DOL) F-Veterans (VA) G-Other Data Matches H-Worker's Compensation I-Notified by Beneficiary J-Notified by Provider K-Notified by Insurer L-Notified by Employer M-Notified by Attorney N-Notified by Group Health Plan/Primary Payer O-Initial Enrollment Questionnaire P-HMO Rate Cell Adjustment Q-Voluntary Insurer Reporting R-Office of Personnel Management Data Match S-Miscellaneous Reporting T-IRS/SSA/CMS Data Match III U-IRS/SSA/CMS Data Match IV V-IRS/SSA/CMS Data Match V W-IRS/SSA/CMS Data Match VI X-Self reports Y-411.25 SPACES-Unknown Second Byte of Source Code: 0-COB Contractor 1-Initial Enrollment questionnaire 2-IRS/SSA/CMS/data match 3-HMO Rate cell 4-Litigation settlement 5-Employer Voluntary Reporting 6-Insurer Voluntary Reporting 7-First claim development 8-Trauma Code development 9-Secondary claims investigation
Employee Data Code	1	246...246	CHAR	To Whom the Employment Data Applies: P-Patient S-Spouse

				M-Mother F-Father
Employer Name	32	247...278	CHAR	Employer providing Coverage
Employer's Address1	32	279...310	CHAR	Employer's Street Address1
Employer's Address2	32	311...342	CHAR	Employer's Street Address2
Employer's City	15	343...357	CHAR	Employer's City
Employer's State	2	358...359	CHAR	Employer's State Code
Employer's Zip Code	9	360...368	CHAR	Employer's Zip Code
Insurance Group Number	20	369...388	CHAR	Group Number Assigned by Primary Payer
Insurance Group	17	389...405	CHAR	Name of Group Plan
Prepaid Health Plan Date	8	406...413	ZD	Date Beneficiary was Notified that Medicare is Secondary Payer for Services Performed Outside the Prepaid Health Plan when they could have been Performed by a Prepaid Health Plan Provider (CCYYMMDD)
Remarks Code – 1*	2	414...415	CHAR	'1-3', '01-12', '20-26', '30-44', '50-62', '70-72', and spaces
Remarks Code – 2*	2	416...417	CHAR	'1-3', '01-12', '20-26', '30-44', '50-62', '70-72', and spaces
Remarks Code – 3*	2	418...419	CHAR	'1-3', '01-12', '20-26', '30-44', '50-62', '70-72', and spaces
Diagnosis Codes - Occurs 25 times				
Diagnosis Code Indicator	1	420...420	CHAR	'9' -ICD-9 code default
Diagnosis Code	7	421...427	CHAR	Diagnosis code ICD-9
Diagnosis Code Occurrence 2	8	428...435	CHAR	
Diagnosis Code Occurrence 3	8	436...443	CHAR	
Diagnosis Code Occurrence 4	8	444...451	CHAR	
Diagnosis Code Occurrence 5	8	452...459	CHAR	
Diagnosis Code Occurrence 6	8	460...467	CHAR	
Diagnosis Code Occurrence 7	8	468...475	CHAR	
Diagnosis Code Occurrence 8	8	476...483	CHAR	
Diagnosis Code Occurrence 9	8	484...491	CHAR	
Diagnosis Code Occurrence 10	8	492...499	CHAR	
Diagnosis Code Occurrence 11	8	500...507	CHAR	
Diagnosis Code Occurrence 12	8	508...515	CHAR	
Diagnosis Code Occurrence 13	8	516...523	CHAR	
Diagnosis Code Occurrence 14	8	524...531	CHAR	
Diagnosis Code Occurrence 15	8	532...539	CHAR	

Diagnosis Code Occurrence 16	8	540...547	CHAR	
Diagnosis Code Occurrence 17	8	548...555	CHAR	
Diagnosis Code Occurrence 18	8	556...563	CHAR	
Diagnosis Code Occurrence 19	8	564...571	CHAR	
Diagnosis Code Occurrence 20	8	572...579	CHAR	
Diagnosis Code Occurrence 21	8	580...587	CHAR	
Diagnosis Code Occurrence 22	8	588...595	CHAR	
Diagnosis Code Occurrence 23	8	596...603	CHAR	
Diagnosis Code Occurrence 24	8	604...611	CHAR	
Diagnosis Code Occurrence 25	8	612...619	CHAR	
Payer ID	10	620...629	CHAR	
MSP Data Occurrence Number 2	616	630...1245	CHAR	
MSP Data Occurrence Number 3	616	1246...1861	CHAR	
MSP Data Occurrence Number 4	616	1862...2477	CHAR	
MSP Data Occurrence Number 5	616	2478...3093	CHAR	
MSP Data Occurrence Number 6	616	3094...3709	CHAR	
MSP Data Occurrence Number 7	616	3710...4325	CHAR	
MSP Data Occurrence Number 8	616	4326...4941	CHAR	
MSP Data Occurrence Number 9	616	4942...5557	CHAR	
MSP Data Occurrence Number 10	616	5558...6173	CHAR	
MSP Data Occurrence Number 11	616	6174...6789	CHAR	
MSP Data Occurrence Number 12	616	6790...7405	CHAR	
MSP Data Occurrence Number 13	616	7406...8021	CHAR	
MSP Data Occurrence Number 14	616	8022...8637	CHAR	
MSP Data Occurrence Number 15	616	8638...9253	CHAR	
MSP Data Occurrence Number 16	616	9254...9869	CHAR	
MSP Data Occurrence Number 17	616	9870...10485	CHAR	
Filler	515	10486...11000	CHAR	

**Table 3: MBDSS-to-Plans Trailer Record**

Data Field	Length	Position	Format	Valid Values
Trailer Code	8	1...8	CHAR	File/record identification purposes only, 'CMSMSPDT'.
Sending Entity	8	9...16	CHAR	Identifies the sending entity, 'MBD ' (MBD + 5 spaces).
File Creation Date	8	17...24	ZD	CCYYMMDD format
Record Count	7	25...31	ZD	Total number of detail records
Filler	10969	32...11000	CHAR	All spaces

**\*Remarks Codes Definitions:**

Valid Values: 01-12, 20-26, 30-44, 50-62, 70-72, and spaces.

Low values are not allowed

- 01 = Beneficiary retired as of Termination Date.
- 02 = Beneficiary's employer has less than 20 employees.
- 03 = Beneficiary's employer has less than 100 employees.
- 04 = Beneficiary is dually entitled to Medicare, based on ESRD and Age or ESRD and disability.
- 05 = Beneficiary is not married.
- 06 = The Beneficiary is covered under the group health plan of a family member whose employer has less than 100 employees.
- 07 = Beneficiary's employer has less than 20 employees, and is in a multiple, or multi-employer, plan which has elected the working aged exception.
- 08 = Beneficiary's employer has less than 20 employees, and is in a multiple, or multi-employer, plan which has NOT elected the working aged exception.
- 09 = Beneficiary is self-employed.
- 10 = A family member of the Beneficiary is self-employed.
- 20 = Spouse retired as of Termination Date.
- 21 = Spouse's employer has less than 20 employees.
- 22 = Spouse's employer has less than 100 employees.
- 23 = Spouse's employer has less than 100 employees but is in a qualifying multiple or multi-employer plan.
- 24 = Spouse's employer has less than 20 employees, and is multiple, or multi-employer, plan which has elected the working aged exception.

- 25 = Spouse's employer has less than 20 employees, and is multiple, or multi-employer, plan which has NOT elected the working aged exception.
- 26 = Beneficiary's spouse is self-employed.
- 30 = Exhausted benefits under the plan
- 31 = Preexisting condition exclusions exist
- 32 = Conditional payment criteria met
- 33 = Multiple primary payers, Medicare is tertiary payer.
- 34 = Information has been collected indicating that there is not a parallel plan that covers medical services.
- 35 = Information has been collected indicating that there is
- 36 = Denial sent by EGHP, claims paid meeting conditional not a parallel plan that covers hospital services. payment criteria.
- 37 = Beneficiary deceased.
- 38 = Employer certification on file.
- 39 = Health plan is in bankruptcy or insolvency proceedings.
- 40 = The Termination Date is the Beneficiary's Retirement Date.
- 41 = The Termination Date is the spouse's Retirement Date.
- 42 = Potential non-compliance case, Beneficiary enrolled is supplemental plan.
- 43 = GHP coverage is a legitimate supplemental plan.
- 44 = Termination Date equals Transplant Date.
- 50 = Employment related accident.
- 51 = Claim denied by workers comp.
- 52 = Contested denial.
- 53 = Workers compensation settlement funds exhausted.
- 54 = TBD
- 55 = Auto accident black lung.
- 56 = Other accident - no liability.
- 57 = Slipped and fell at home.
- 58 = Lawsuit filed - decision pending.
- 59 = Lawsuit filed - settlement received.
- 60 = Medical malpractice lawsuit filed.
- 61 = Product liability lawsuit filed.
- 62 = Request for waiver filed.
- 70 = Data match correction sheet sent.
- 71 = Data match record updated.
- 72 = Vow of Poverty correction.