

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

DATE: August 7, 2007

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: Clarification of the Submittal Process for Medicare Secondary Payer (MSP) Survey Data for 2007 – ACTION

This letter provides an important clarification related to the submittal of your MSP survey results that are due to CMS on 9/17/2007. The process has changed slightly for this year and is described in the 2008 Call Letter, Section X, Payment (see <http://www.cms.hhs.gov/PrescriptionDrugCovContra/>). This information has also been included in your recent monthly plan payment letters.

One file format was defined to be used for both MSP and Nonrespondent members. Remember that plans do not report members that respond that they do not have another insurer. It was also specified in the Call Letter that there could only be one record per member on that file.

This file is actually to be an EXCEL spreadsheet in the following format

	Data Element	Max Length	Description
1	Contract Number	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	The member's Medicare number including the CAN and the BIC.
3	Member's Full Last Name	30	Self-explanatory
4	Member's Full First	18	Self-explanatory

	Name		
5	Member's Middle Name Initial	1	Self-explanatory
6	Member's Date of Birth	8	The date of birth must be in CCYYMMDD format.
7	MSP Status Flag	1	The status flag must be either: W = for MSP or N = for non-respondent

Please note that the contract number field is now included in the format. There must be a separate EXCEL spreadsheet for each contract number. In addition, the following naming convention must be used.

MSPPROCESS.2007.HXXXX

where X is the numeric portion of your contract number. If your data is too large to fit on one spreadsheet, add the following to the end of the file name; i.e., FILE01, FILE02, etc.

MSPPROCESS.2007.HXXXX.FILE01, MSPPROCESS.2007.HXXXX.FILE02, etc.

Again, failure to comply with these requirements will result in CMS considering your entire population as Nonrespondent. The MBD will be used to determine the MSP status of those members.

Please mail the CD containing the spreadsheet(s) as specified above (multiple spreadsheets if you are reporting for multiple contract numbers) to:

CMS
Attention: Louise Matthews
C1-05-26
7500 Security Blvd
Baltimore, MD 21244

If you have any questions or issues with the information presented in this letter, please contact your Division of Payment Operations (DPO) representative per the attached list.

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

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