
CMS Manual System

Pub. 100-16 Medicare Managed Care

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

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I. SUMMARY OF CHANGES:

CLARIFICATION – EFFECTIVE DATE: Not Applicable

Section 5

Table of Contents - Deleted line items for deleted §§5.3.10.1 - 5.3.10.7.

Section 5.3.10 / Working Aged (Option 8) - Deleted the section's text and inserted a note that the McCoy system is disabled as of March 1, 2004, due to the 2004 implementation of the MCO level factor type payment.

Section 5.3.10.1 / Add New Transaction - Deleted section due to the 2004 implementation of the MCO level factor type payment.

Section 5.3.10.2 / Change Transaction - Deleted section due to the 2004 implementation of the MCO level factor type payment.

Section 5.3.10.3 / View Transaction- Deleted section due to the 2004 implementation of the MCO level factor type payment.

Section 5.3.10.4 / Delete Transaction- Deleted section due to the 2004 implementation of the MCO level factor type payment.

Section 5.3.10.5 / Resubmit Transaction- Deleted section due to the 2004 implementation of the MCO level factor type payment.

Section 5.3.10.6 / Select Transaction for Downloading- Deleted section due to the 2004 implementation of the MCO level factor type payment.

Section 5.3.10.7 / View Working Aged Exceptions- Deleted section due to the 2004 implementation of the MCO level factor type payment.

Section 5.3.11 / View Beneficiary Factors (Option 9) - Added a note at the beginning of the section that factors are only displayed for pre-2004 years.

Section 6

Section 6.1 / System Description - Added “HCC Diagnosis Data Report” to list of GHP reports and data that may be selected.

Section 6.3 / Grouch Options - Replace screen image - it is not red italicized.

Section 6.4 / Downloading Your GHP Monthly Reports - Added “(data format)” to second line of item 11, and added item 13, “HCC Diagnosis Data Report” to the section.

Section 8

Section 8.2 / The Common Working File - At the end of the first paragraph, deleted “and their locations.” Also, each of the nine sites has been listed separately - instead of by consolidated sites as before.

Section 8.3.1 Logging Onto CWF - Before the fifth image, changed “3 CICSCWFB MD PRODUCTION CICS” to “79 CICSCWFB MD PRODUCTION CICS.”

Section 8.4.1 / Beneficiary Eligibility Data -

Near the top of the section, deleted the fifth item, “Medicaid eligibility status,” from the bulleted list.

Near the end of the section in the table of fields and descriptions, changed “DI” to “ESRD” and changed the description for this item, and deleted the last field in the table, “Medicaid.”

Appendix H

Appendix H - At bottom of first page, deleted third contact, Sue Mathis, from the list of contacts. Added Denver and San Francisco to Sarah Brown’s list of regions, and added Seattle to Susan Hartmann’s list of regions.

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will only receive the new/revised information, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.) (R = REVISED, N = NEW, D = DELETED – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	20/Section 5/ Table of Contents
R	20/Section 5/ Section 5.3.10 / Working Aged (Option 8)
D	20/Section 5/ Section 5.3.10.1 / Add New Transaction

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
D	20/Section 5/ Section 5.3.10.2 / Change Transaction
D	20/Section 5/ Section 5.3.10.3 / View Transaction
D	20/Section 5/ Section 5.3.10.4 / Delete Transaction
D	20/Section 5/ Section 5.3.10.5 / Resubmit Transaction
D	20/Section 5/ Section 5.3.10.6 / Select Transaction for Downloading
D	20/Section 5/ Section 5.3.10.7 / View Working Aged Exceptions
R	20/Section 5/ Section 5.3.11 / View Beneficiary Factors (Option 9)
R	20/Section 6/ Section 6.1 / System Description
R	20/Section 6/ Section 6.3 / GROUCH Options
R	20/Section 6/ Section 6.4 / Downloading Your GHP Monthly Report
R	20/Section 8/ Section 8.2 / The Common Working File
R	20/Section 8/ Section 8.3.1 / Logging Onto CWF
R	20/Section 8/ Section 8.4.1 / Beneficiary Eligibility Data
R	20/Section 8/ Appendix H

III. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Special Notification

Medicare Managed Care Manual

Chapter 20 - Plan Communications Guide

Section 5 - Using MCCOY

(Rev. 50, 04-09-04)

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5.3.10 - Working Aged (Option 8)

(Rev. 50, 04-09-04)

- **NOTE: this section of the MCCOY system is disabled as of March 1, 2004, due to the 2004 implementation of the MCO level factor type payment.**

5.3.11 - View Beneficiary Factors (Option 9)

(Rev. 50, 04-09-04)

- **NOTE: The factors are only displayed for the pre-2004 years.**

When Option 9 from the Plan Options Menu is selected, the “Plan Beneficiary Selection Criteria” screen displays. It enables you to view the beneficiary factors.

```
05/19/2000      (XXXX)  PLAN BENEFICIARY SELECTION CRITERIA  (MCCOY)      11.9

                                     CLAIM NUMBER _____ (INCLUDING BIC)

                                     ENTER BENEFICIARY SELECTION CRITERIA
==> _____ PF3=QUIT
```

To select the specific beneficiary record to be viewed, type the claim number in the CLAIM NUMBER field and press <ENTER>. Do not forget to include the Beneficiary Identification Code (BIC) at the end of the claim number (e.g., 999999999A). The system then checks that the chosen record is a member of your Plan before permitting access. Railroad Board numbers have the BIC at the beginning of the claim number (e.g., A999999999 or WA999999999).

If access is denied, either because the beneficiary is not a member of your Plan or because the claim number cannot be found, the system displays a message. The system also displays a message if the beneficiary has no factors.

If a valid claim number is entered, the “View Beneficiary Factors” screen displays.

05/19/2000	(XXXX) VIEW FACTORS (1 OF 1)	1.8
734-12-2345-A	JOHNSON, JOHN J.	DATE OF BIRTH: 05/22/1918
PART A FACTOR	PART B FACTOR	TYPE START DATE END DATE
1 1.2360	1.2360	RA 01/01/2000 12/31/2000
2 1.1467	1.1467	DEMO 06/01/1999 12/31/1999
==> _____	F1=HELP	PF3=QUIT F7=PAGE- F8=PAGE+
		F12=MENU

This screen displays detailed information for the claim number selected on the previous screen. This includes personal information (such as name, date of birth, and sex), claim number, contract number, factors for parts A and B, and contract start and end dates.

There are two types of factors associated with a beneficiary. One is a plan-level factor assigned to members of certain M+C organizations with demonstration contracts (type = DEMO). The other is a beneficiary-level factor computed for all Medicare enrollees which is associated with the risk adjustment payment methodology (type = RA).

As stated previously, security roles determine which information is displayed to M+C organizations users. First the beneficiary must be a member of the M+C organization. If the M+C organization has a demonstration contract both the plan-level and risk adjustment factors associated with the beneficiary will be displayed. If the M+C organization has an M+C contract, the risk adjustment factors applicable to the member will be displayed.

This screen is display-only. No alterations can be made to the data.

To obtain a hard copy of the information on this screen, press the "PRINT SCREEN" function in Windows 95, 98, or NT.

The <F7> key appears on screens where the user can page backward. The <F8> key is used to page forward to display additional beneficiary factors information and appears only on screens where the user can page forward.

6.1 - System Description

(Rev. 50, 04-09-04)

The online GHP Report Output User Communication Help (GROUCH) System is used to select GHP Monthly report(s) or portions of report(s) to be transmitted electronically. This system enables the user to build a transmission data set with selected reports and data, and to browse the reports and data online. Plans can browse the data for the particular contracts to which they have access. To transmit the reports and data to your site, use AGNS/HOD, NDM-PC, or NDM (host).

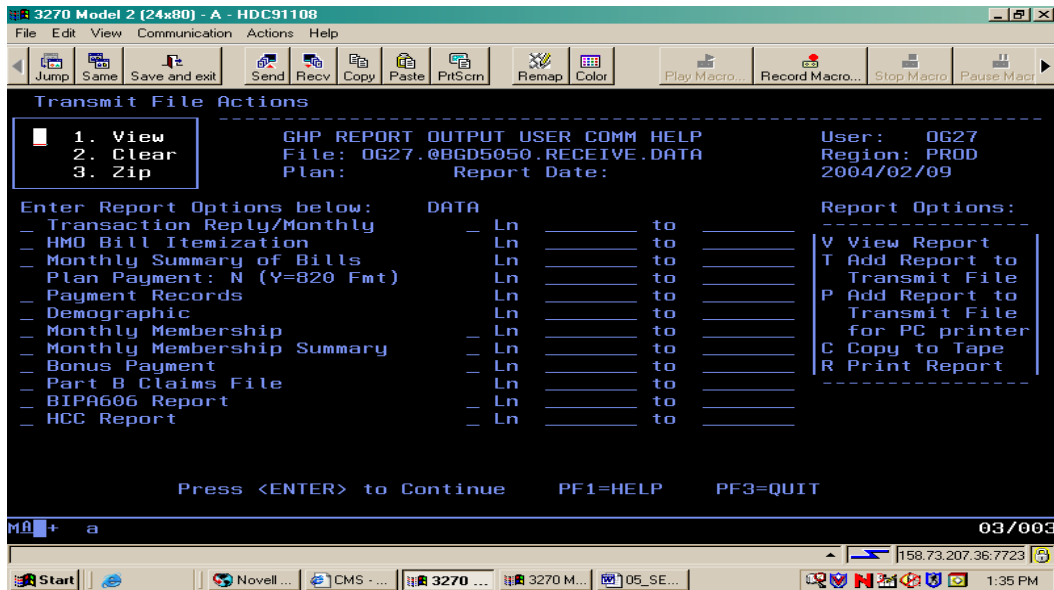
The GHP reports and data that may be selected are listed here:

1. Transaction Reply / Monthly
 2. HMO Bill Itemization
 3. Monthly Summary of Bills
 4. Plan Payment
 5. Payment Records
 6. Demographic
 7. Monthly Membership (Detail)
 8. Monthly Membership Summary
 9. Bonus Payment Report
 10. Working Aged Transaction Status Report
 11. Part B Claims Report
 12. BIPA606 Payment Reduction Report
 13. *HCC Diagnosis Data Report*
-

6.3 - GROUCH Options

(Rev. 50, 04-09-04)

The main screen for the GROUCH System is shown below.



Description of GROUCH Options

1. To View or Clear Transmit File: _ (V=View, C=Clear)

You may view the dataset or clear the dataset file for the next transmission.

2. T=Build Transmit File

You may select full reports. Select portions of the reports by entering lines "FROM" and "TO" in the LN columns (e.g., LN 1 to 1000).

3. P=Build Transmit File for PC Print

You may select reports with this option to build a PC-printable transmit file. **Do not use this option to select a report in data format; instead, use the "T" option.**

4. V=View Report/Data

The Browse option enables you to view the monthly reports and data online. The individual files created for each report can be browsed directly by selecting the report you want to browse from the main GROUCH Menu screen. When you are finished browsing, you are returned to the main GROUCH Menu screen.

5. D=Data Format

If you have requested the data format option for the Transaction Reply/Monthly, or Monthly Membership (Detail or Summary) reports, then both the report layout format and data format will be available for that report. If you enter "D" in the DATA field next to the Transaction Reply/Monthly, or Monthly Membership reports, then you will be selecting the data format. If the DATA field is left blank, then the report will default to the report layout format.

6. For HELP, press <F1>. To exit GROUCH, press <F3>.

6.4 - Downloading Your GHP Monthly Reports

(Rev. 50, 04-09-04)

In preparing your GHP Monthly reports for download, you must create a Transmit File to download. The Transmit File is created through GROUCH. If you do not want to use GROUCH to create a Transmit File and would like to transfer each report separately, then you need the dataset naming convention of the individual report/data files. The following is a list of the naming conventions for each individual report:

1. Transaction Reply/Monthly:
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.TRNREPLY (report layout format)
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.TRNDATA (data format)
2. HMO Bill Itemization:
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.BILLITEM
3. Monthly Summary of Bills:
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.SUMBILLS
4. Plan Payment:
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.PLANPAY
5. Payment Records:
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.PAYRECDS
6. Demographic:
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.DEMOGRPH
7. Monthly Membership (Detail):
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.MONMEMR (report layout format)
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.MONMEMD (data format)

8. Monthly Summary Membership:
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.MONMEMSR (report layout format)
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.MONMEMSD (data format)
9. Bonus Payment Report:
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.BONUSRPT (report layout format)
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.BONUSDAT (data format)
10. Working Aged Transaction Status Report:
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.WKAGDRPT (report layout format)
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.WKAGDDAT (data format)
11. BIPA606 Payment Reduction Report
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.BIPA606D (data format)
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.BIPA606R (report format)
12. BIPA606 Payment Reduction Report
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.BIPA606D (data format)
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.BIPA606R (report format)
13. HCC Diagnosis Data Report
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.HCCMODD (data format)
HKH.@BGD5050.PLNXXXXXX.RMMYYYYY.HCCMODR (report format)

NOTE: XXXXXX should be replaced with your contract number and MMYYYYY should be replaced with the payment month and year of your report. For example, if the reports are for the payment date of January 2000, replace the date with 012000.

When trying to download the Membership file 20 days after it is available, and the message that the file is not available appears, the file is archived. Please call your CO contact (see [Appendix H](#)) so an analyst can retrieve the Membership file from the archives, which will make the file available for download to the user.

For the record layouts of the Transaction Reply/Monthly Activity, and Monthly Membership reports, see [Appendix C](#). All datasets have been created with a record length of 133, except for the Monthly Membership Detail which has a length of 182 (effective 1/2001).

If you are using GROUCH and have created your Transmit File, the naming convention is as follows (where TOXX is your User ID):

TOXX.@BGD5050.RECEIVE.DATA

8.2 - The Common Working File

(Rev. 50, 04-09-04)

The CWF is resident at nine host sites located throughout the United States; however, three of the sites have been consolidated. The data related to the approximately 40 million Medicare beneficiaries is divided by geographical proximity to one of the nine sites. When M+C organizations access the CWF, the site closest to their service areas will be most likely to house data for their members. The sites are:

- *Northeast*
 - *Keystone*
 - *Great Lakes*
 - *Mid-Atlantic*
 - *South*
 - *Southeast*
 - *Southwest*
 - *Great Western*
 - *Pacific*
-

8.3.1 - Logging Onto CWF

(Rev. 50, 04-09-04)

M+C organizations will access CWF through the CMS Data Center (HDC). (Refer to [Section 3](#) - Logging Onto the HDC for instructions.)

```
DEPARTMENT OF HEALTH AND HUMAN SERVICES                Terminal
HCFA DATA CENTER                                       LU08D129

HH      HH      DDDDDDD//                               CCCCCC
HH      HH      DD   ///D   CC      CC
HH      HH      DD   ///DD  CC      CC
HHHHHHHHHH      DD   ///  DD  CC
HHHHHHHHHH      DD  -///DD  CC
HH      HH      DD   ///  DD  CC      CC
HH      HH      DD///  DD   CC      CC
HH      HH      DD//DDDD  CCCCCC
//
OFFICE OF COMPUTER AND COMMUNICATIONS SERVICES

PLEASE HIT 'ENTER' FOR APPLICATION SELECTION MENU
(THE ACTION DESK PHONE IS: (410)-786-2580 or 1-800-562-1963)
(THE HDC STATUS PHONE IS: (410)-786-2599)
!!!! PLEASE HIT PF12 AT THE APPLICATION MENU FOR  LATEST HCFA NEWS !!!!!

***** B R O A D C A S T   M E S S A G E S *****
** PLEASE CHECK HCFA NEWS FOR THE LATEST SYSTEM INFORMATION **
***** HIT PF12 AT THE APPLICATIONS MENU *****
*****
```

At the “HDC” screen press **Enter** to obtain the “HDC Application Menu.” This screen displays a list of all applications that can be accessed from the HDC.

```
PAGE 1 of 3 ..... A P P L I C A T I O N   M E N U.....
04/05/00 14:19                               TERMINAL - LU08D142
```

```
** PLEASE CHECK HCFA NEWS FOR THE LATEST SYSTEM INFORMATION **
***** HIT PF12 AT THE APPLICATIONS MENU *****
*****
```

```
.....
1  TSO          ACTIVE   Application Development
2  RESERVED    INACTIVE Future CICS System
3  CICS41      ACTIVE   CICS41 System
4  M204PRD1   ACTIVE   MODEL204 Production Region
5  M204PRD2   ACTIVE   MODEL204 Version 2 Production
6  WYLBUR     ACTIVE   WYLBUR Online System
7  IDMSTEST   ACTIVE   IDMS/CV100 Database System
8  Y2KMILL    ACTIVE   MILL LPAR 2 Menu
9  M204PRD3   ACTIVE   Oscar/Cafm/Casr/Crowd/Clia
```

Select application ==>

more . . .

```
.....
PFK 1  H E L P          PFK 12  ** HDC NEWS**   PFK 3  HDC LOGO
PFK 7  PAGE BACK      PFK 8  PAGE FORWARD
PFK 2  APPLICATION INFO PFK 11 UTILITIES
```

At the bottom of the “Application Menu” screen, at the “Select application” ==> prompt, you may type in **CWFHMO** and press **Enter**.

```
PAGE 1 of 3 ..... A P P L I C A T I O N   M E N U.....
04/05/00 14:19                               TERMINAL - LU08D142
```

```
** PLEASE CHECK HCFA NEWS FOR THE LATEST SYSTEM INFORMATION **
***** HIT PF12 AT THE APPLICATIONS MENU *****
*****
```

```
.....
1  TSO          ACTIVE   Application Development
2  RESERVED    INACTIVE Future CICS System
3  CICS41      ACTIVE   CICS41 System
4  M204PRD1   ACTIVE   MODEL204 Production Region
5  M204PRD2   ACTIVE   MODEL204 Version 2 Production
6  WYLBUR     ACTIVE   WYLBUR Online System
7  IDMSTEST   ACTIVE   IDMS/CV100 Database System
8  Y2KMILL    ACTIVE   MILL LPAR 2 Menu
9  M204PRD3   ACTIVE   Oscar/Cafm/Casr/Crowd/Clia
```

Select application ==> **CWFHMO**

more . . .

```
.....
PFK 1  H E L P          PFK 12  ** HDC NEWS**   PFK 3  HDC LOGO
PFK 7  PAGE BACK      PFK 8  PAGE FORWARD
PFK 2  APPLICATION INFO PFK 11 UTILITIES
```

This will bring up the “Product Selection” menu screen containing a list of CWF host sites. Use the **F8** key to scroll through the list until you locate the host site that you want to select.

```
MENU                                HIHO MAIN MENU                                PAGE 1 OF 1
INQUIRY TYPE      HIC                                HOST ID      SEX
MCO PLAN NUMBER H_____
ELIGIBILITY INQUIRIES:
BENB  BENE ELIGIBILITY DATA
MSPA  MSP SUMMARY DISPLAY
MSPD  MSP DETAIL DISPLAY
HOSS  HOSPICE SUMMARY DISPLAY

UTILIZATION INQUIRIES:
BENM  BENE UTILIZATION DATA FOR MCOS

HOST IDS:  GL, GW, KS, MA, NE, PA, SE, SO, SW

F2=MENU F3=RETURN      F5=BENB      F12=EXIT      05/28/02
```

At the ==> prompt, type in the number for the site you wish to access and press Enter. The “CICSCWFB” logon screen will be displayed. In this example the host site “79 CICSCWFB MD PRODUCTION CICS” has been selected. This screen will vary depending on the host site that you select.

Type in your **user ID**, your **password** and then press **Enter**. A message will be displayed “YOUR SIGNON HAS BEEN COMPLETED PLEASE PROCEED.” Type **HIHO** and press **Enter**. The “HIHO Main Menu” screen will be displayed.

Or, If the “CICSCWFB” logon screen is not displayed, you may have to logon to the “CICS/ESA” system to access CWF. If the host site is GL, GW, KS, SE, or SO, after you select the site host from the Product Selection screen, the “CICS/ESA” for that specific site host will be displayed. The following is an example of the “CICS/ESA” screen for “Oregon.”

- Hospice status.

To access eligibility data, type in **BENB** in the “Inquiry Type” field, type in the **beneficiary’s health insurance claim number** in the “HIC” field on the “HIHO Main Menu” and press **Enter**.

```
MENU                               HIHO MAIN MENU                       PAGE      1 OF 1
INQUIRY TYPE           HIC                               HOST ID    SEX
MCO PLAN NUMBER H_____
ELIGIBILITY INQUIRIES:
  BENB  BENE ELIGIBILITY DATA
MSPA  MSP SUMMARY DISPLAY
MSPD  MSP DETAIL DISPLAY
HOSS  HOSPICE SUMMARY DISPLAY
UTILIZATION INQUIRIES:
BENM  BENE UTILIZATION DATA FOR MCOs

HOST IDS:  GL, GW, KS, MA, NE, PA, SE, SO, SW

          F2=MENU F3=RETURN           F5=BENB           F12=EXIT           05/28/02
```

The “Beneficiary Eligibility Data” screen will be displayed for the health insurance claim number that you entered on the “HIHO Main Menu.” The most current eligibility information is displayed for the beneficiary.

```

BENB                BENEFICIARY ELIGIBILITY DATA                PAGE    1 OF 1
HIC  999999999X          LOCAL HOST                DOB 99/99/9999    SEX  _
CORR 999999999X          NAME  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXx  DOD 99/99/9999
INDS: MSP  _            HOSP  _

==>  CURRENT A ENT 99/99/9999 A TRM                SURNAME          FI
                                           CNTY CD
==>  CURRENT B ENT 99/99/9999 B TRM                ST CODE

==>  ESRD:  YES or NO

F2=MENU F3=RETURN          F5=BENB F7=BWD F8=FWD F12=EXIT 99/99/9999
<==

```

This screen displays the following information:

Field	Description
HIC	This is the HIC number that was entered on the “HIHO Main Menu” screen.
HOST NAME	This is the name of the CWF Host site that contains the beneficiary’s records.
DOB	The beneficiary’s date of birth.
SEX	The sex of the beneficiary - M = male; F = female.
CORR	This is the most current HIC number. This number should be used for the beneficiary if there is more than one HIC number.
NAME	This is the beneficiary’s name - last name.first name. middle initial.
DOD	The beneficiary’s date of death.

Field	Description
INDS: MSP	This is the number of secondary payer information occurrences that exist for this beneficiary. If secondary payer information exists, this field will be 1 or greater. If there is no secondary payer information, this field will equal 0 .
HOSP	This field indicates whether the beneficiary has elected to receive hospice benefits. This field will indicate 1 for hospice benefits, or 0 for no hospice benefits.
CURRENT A ENT START DATE	This is the beneficiary's current Medicare Part A entitlement start date.
CURRENT A ENT END DATE	This is the beneficiary's current Medicare Part A entitlement end date.
SURNAME/FI	This is the beneficiary's surname and first initial.
CNTY CD	This is the 3-digit code associated with the county of residence of the beneficiary.
CURRENT B ENT START DATE	This is the beneficiary's current Medicare Part B entitlement start date.
CURRENT B ENT END DATE	This is the beneficiary's current Medicare Part B entitlement end date.
ST CODE	This is the 2-digit code associated with the state of residence of the beneficiary.
<i>ESRD</i>	<i>If the field is YES this indicated ESRD, if the field has a NO, then the beneficiary has no ESRD.</i>

Press **F2** to return to the "HIHO Main Menu." Press **F3** to return to the previous screen. The **F5=BENB** function is not applicable as that is the screen currently being displayed. Press **F7** to scroll backward through a list of records. Press **F8** to scroll forward through a list of records. Press **F12** to exit from the HIHO system.

Medicare Managed Care Manual

Chapter 20 - Plan Communications Guide

(Rev. 50, 04-09-04)

Appendix H - CMS Central Office Contact Information

If you have any questions on **policy information** contained in this letter, please contact your CMS Central Office Health Insurance Specialist assigned to your regional area:

1. Boston:	Jacqueline Buise	410.786.7607
2. New York:	Juan Lopez	410.786.7621
3. Philadelphia:	James Dorsey	410.786.1143
4. Atlanta:	Brenda Hicks	410.786.1159
5. Chicago:	Janice Bailey	410.786.7603
6. Dallas:	Joanne Weller	410.786.5111
7. Kansas City:	Gloria Webster	410.786.7655
8. Denver:	Luigi Distefano	410.786.7611
9. San Francisco:	Ed Howard	410.786.6368
	OR	
	Jim Logan	410.786.7625
10. Seattle:	David Evans	410.786.0412

If you have any questions on **technical information** contained in this letter, please contact your CMS Central Office Computer Specialist assigned to your regional area:

Boston, New York, Philadelphia, Kansas City
Denver, San Francisco: Sarah Brown at 410.786.6358

Atlanta, Chicago, Dallas, *Seattle:* Susan Hartmann at 410.786.6192

Data Processing Vendor

The company mentioned below is under contract with CMS and is authorized to take M+C organization records and send them to CMS. It provides instructions to the M+C organization about how to prepare reports for proper submission through their facilities to the CMS Data Center. M+C organizations are to negotiate directly with this contractor.

Systems Management Specialist
9171 Oso Avenue
Chatsworth, CA 91311
Contact: Medicare Account Representative

1-800-527-8737 ext. 79616

M+C organizations wishing to contract with this contractor are not required to purchase more than minimum services. Minimum services are limited to online eligibility look-up for their members' records and online entry of enrollments. The charge for the minimum services cannot exceed the rate agreed to by the contractor in their contract with CMS. M+C organizations may also contract for online submission of disenrollments and correction records and for access to their reports in GROUCH. M+C organizations needing more information should contact the above contractor directly.