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# CMS Manual System

## Pub. 100-20 One-Time Notification

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

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Transmittal 52

Date: FEBRUARY 6, 2004

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CHANGE REQUEST 3101

### I. SUMMARY OF CHANGES:

- Contractors shall follow the COB requirements set forth in Chapter 24, sections 70.1 and 70.2 of the new Internet Only Manual “*The shared system is to use post-adjudicated Medicare data (data used from history and reference files to adjudicate the claim) instead of data received when building the outbound COB transaction*”.
- Contractors shall populate the outbound COB files with the billing and/or pay-to-provider Tax ID or SSN identifiers that are present on their provider files;
- Contractors shall populate the outbound COB files with the provider’s first name, last name, middle initial, address, city, state and zip code that is present on their provider files.

**NEW/REVISED MATERIAL - EFFECTIVE DATE: July 6, 2004**

**\*IMPLEMENTATION DATE: July 6, 2004**

*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.*

### II. CHANGES IN MANUAL INSTRUCTIONS:

(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	N/A

### \*III. FUNDING:

These instructions shall be implemented within your current operating budget.

### IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	One-Time Notification
	Recurring Update Notification

\*Medicare contractors only

## Attachment – One-Time Notification

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**SUBJECT: Provider Data on Outbound Coordination of Benefit (COB) Files**

### I. GENERAL INFORMATION

#### A. Background:

Medicare contractors were instructed in program memoranda B-01-06 and A-01-20 to use post-adjudicated Medicare data (data used from history and reference files to adjudicate the claim) instead of data received when building the outbound COB transaction. It has come to our attention that contractors are passing the inbound data on to their COB trading partners. Therefore, when providers submit inaccurate or syntactically incorrect data on their inbound files, our COB files then contain inaccurate or syntactically incorrect data. COB trading partners are unwilling to accept COB files that are invalid or that do not comply with the requirements of the implementation guides.

#### B. Policy:

Contractors are required by HIPAA to create compliant COB files and forward compliant COB files to their trading partners.

#### C. Provider Education: N/A

### II. BUSINESS REQUIREMENTS

*"Shall" denotes a mandatory requirement*

*"Should" denotes an optional requirement*

Requirement #	Requirements	Responsibility
3101.1	Contractors shall follow the COB requirements set forth in Chapter 24, sections 70.1 and 70.2 of the new Internet Only Manual <b><i>"The shared system is to use post-adjudicated Medicare data (data used from history and reference files to adjudicate the claim) instead of data received when building the outbound COB transaction"</i></b> .	Fiscal Intermediaries, Carriers, DMERCS, and their shared system maintainers
3101.2	Contractors shall populate the outbound COB files with the billing and/or pay-to-provider Tax ID or SSN identifiers that are present on their provider files.	Carriers, DMERCS, and their shared system maintainers

3101.3	Contractors shall populate the outbound COB files with the provider's first name, last name, middle initial, address, city, state and zip code that is present on their provider files.	Fiscal Intermediaries, Carriers, DMERCS, and their shared system maintainers
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**III. SUPPORTING INFORMATION & POSSIBLE DESIGN CONSIDERATIONS**

**A. Other Instructions: N/A**

X-Ref Requirement #	Instructions

**B. Design Considerations: N/A**

X-Ref Requirement #	Recommendation for Medicare System Requirements

**C. Interfaces: N/A**

**D. Contractor Financial Reporting /Workload Impact: N/A**

**E. Dependencies: N/A**

**F. Testing Considerations: N/A**

**IV. SCHEDULE, CONTACTS, AND FUNDING**

<p><b>Effective Date: July 6, 2004</b></p> <p><b>Implementation Date: July 6, 2004</b></p> <p><b>Pre-Implementation Contact(s): Brian Reitz, 410-786-5001, breitz@cms.hhs.gov</b></p> <p><b>Post-Implementation Contact(s): Brian Reitz, 410-786-5001, breitz@cms.hhs.gov</b></p>	<p><b>These instructions should be implemented within your current operating budget</b></p>
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