Program Memorandum Intermediaries/Carriers

Department of Health & Human Services (DHHS)

Date: MAY 29, 2002

Centers for Medicare **Medicaid Services (CMS)**

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Transmittal AB-02-077

This Program Memorandum re-issues Program Memorandum AB-01-78, Change Request 1674 dated May 15, 2001. The only change is the discard date; all other material remains the same.

CHANGE REQUEST 1674

SUBJECT: Common Working File (CWF) Beneficiary Other Insurer (BOI) Auxiliary (aux)

1. What is the purpose of this Program Memorandum (PM)?

The purpose is to provide instructions to the CWF maintainer about creating a CWF BOI aux file. The BOI aux file will contain information about other insurance that a Medicare beneficiary may have

2. Who is affected by this PM?

This PM applies only to the CWF maintainer and CWF hosts. Fiscal intermediaries (FIs), carriers, and standard systems are not required to complete any work under this PM.

3. What will the CWF maintainer do?

The CWF maintainer will:

- Develop the capability to allow the BOI aux file to accept maintenance transactions containing changes, additions, and deletions, from the coordination of benefits (COB) contractor. The file will allow for up to 40 occurrences of other insurer types;
- Develop consistency edits for the maintenance transactions;
- Add the number 11120 to the CWF table of contractor numbers to identify the COB contractor as the submitter of BOI maintenance transactions;
- Create the CWF BOI aux file that will contain other insurer information for each beneficiary. The required data elements are listed in the attachment;
- Create a trailer, containing other insurer information, that will be attached to a basic claim reply record to be sent to the FIs and carriers:
- Develop a health insurance master record (HIMR) screen to be used by FIs and carriers to provide customer service and conduct research on crossovers to a beneficiary's other insurer;
- Document the BOI aux file, including the user's guide for CWF hosts, FIs, and carriers; and
- Release the BOI aux files to the CWF hosts for installation. Data is not available to load at this time.

4. Why is the BOI aux file needed? The BOI aux file is needed in the CWF to store information about other insurance that beneficiaries have, accept changes to the information from the COB contractor, and provide the means for delivering the information with the claims reply to FIs and carriers.

The effective date of this PM is May 1, 2001.

The implementation date for this PM is October 1, 2001.

This PM may be discarded after May 31, 2003.

If you have any questions, contact Helen Dietrick on (410) 786-7448. Fax number: (410) 786-9963.

Data Elements Required for the BOI Aux File Record

DATA ELEMENT	REMARKS
1. Record Type	CWF BOI other insurer maintenance (Mandatory)
2. Health Insurance Claim (HIC) Number	Beneficiary's HIC/Railroad Board number (Mandatory)
3. Beneficiary's Surname	Beneficiary's surname (Mandatory)
4. Beneficiary's First Initial	Initial of first name of beneficiary (Mandatory)
5. Beneficiary's Date of Birth	Beneficiary's date of birth (CCYYMMDD)
6. Beneficiary's Sex Code	Beneficiary's sex code 0 = Unknown 1 = Male 2 = Female
7. Contractor Number	Identifies COB contractor applying maintenance
8. Creation Date	Date record created (CCYYMMDD)
9. Deletion Date	Date record deleted (CCYYMMDD)
10. Document control	Document control number
11. Action Type	Identifies type of maintenance (Mandatory) 0 = Add insurance data transaction 1 = Change insurance data transaction 2 = Delete insurance data transaction
12. Update Indicator	Date maintenance applied (CCYYMMDD)
13. Insurance Code	Insurance coverage type (Mandatory) A = Supplemental B = TRICARE C = Medicaid
14. Insurer's Name	Insurer's name
15. Insurer's Address - 1	Insurer's address line 1
16. Insurer's Address – 2	Insurer's address line 2
17. Insurer's City	Insurer's city
18. Insurer's State	Insurer's State

DATA ELEMENT	REMARKS
19. Insurer's Zip Code	Insurer's zip code
20. Policy Number	Insurer's policy number of insured
21. Insurance Effective Date	Effective date of insurance coverage (CCYYMMDD) One or more occurrences (Mandatory)
22. Insurance Termination Date	Termination date of insurance coverage (CCYYMMDD) One or more occurrences (Mandatory, if applicable)
23. Identifier Number Assigned by Supplemental Insurer	Number assigned to insured by supplemental insurer
24. Coordination of Benefits Agreement (COBA) number	COBA number assigned to other insurer's agreement by COB contractor (Mandatory)
25. National Health Plan Identifier (PlanID)	PlanID assigned to the insurer (Mandatory when available)
26. Other Insurer Number	Other number assigned to an insurer by an FI or carrier under a former trading partner agreement One of more occurrences