
CMS Manual System

Pub. 100-04 Medicare Claims Processing

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

Transmittal 158

Date: APRIL 30, 2004

CHANGE REQUEST 3273

I. SUMMARY OF CHANGES: Contractors were apprised of CMS' decision to initially limit the implementation of the COBA process during the period from July 6, 2004, to October 1, 2004, to eight trading partners through the issuance of Change Request 3218. Effective with the October 2004 systems release, CMS will inaugurate a larger-scale initiative to transition all existing trading partners from Trading Partner Agreements (TPAs) that they have with local contractors to national Coordination of Benefits Agreements (COBAs). The CMS plans to complete transition of all existing eligibility file-based trading partners to national COBAs by April 30, 2005.

Beginning with the October 2004 release, the Common Working File (CWF) shall read the Coordination of Benefits Agreement Insurance File (COIF) to determine whether the Test/Production Indicator is set to "T" for test or "P" for production. The CWF maintainer will now be required to include a one-digit Test/Production Indicator on the BOI reply trailer (29) that is sent to contractors. This will differentiate between those COBA trading partners that are in test mode and those that are in full production.

When intermediaries, carriers, or durable medical equipment regional carriers (DMERCs) receive a Test/Production Indicator "T" via the BOI reply trailer (29), they shall not update their claims history with information contained on that trailer. They shall, however, update their claims history with crossover information when they have existing agreements with trading partners. Also, when a Test/Production Indicator "T" is received on the BOI reply trailer (29), contractors shall not include information from that trailer on Medicare Summary Notices (MSNs) and provider 835 Electronic Remittance Advices (ERAs) and other provider remittance advices. Instead, they should follow their existing procedures for placement of crossover information on MSNs, ERAs, and other provider remittance advices when they have existing agreements with trading partners.

When intermediaries, carriers, or DMERCs receive a Test/Production Indicator "P" via the BOI reply trailer (29), they shall update their claims history to show that a claim was selected by CWF to be crossed over. All contractor-issued MSNs and ERAs shall be updated with information received via the BOI reply trailer (29). Contractor customer service staff will be able to determine why claims were not selected by CWF for crossover by referencing detailed history screens on the Health Insurance Master Record (HIMR). Such information may also be available to contractor customer service staff via the Next Generation Desktop (NGD) application.

The manual sections cited below are being revised to include the above referenced changes to the COBA process.

NEW/REVISED MATERIAL - EFFECTIVE DATE: October 1, 2004

***IMPLEMENTATION DATE:** October 4, 2004

Disclaimer: 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. SCHEDULE OF CHANGES

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

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	27/80.14/ Consolidated Claims Crossover Process
R	27/80.15/ Claims Crossover Disposition Indicators
R	28/70.6/ Consolidation of the Claims Crossover Process

III. FUNDING: *Medicare contractors only:

These instructions should be implemented within your current operating budget.

IV. ATTACHMENTS:

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 158	Date: April 30, 2004	Change Request 3273
-------------	------------------	----------------------	---------------------

SUBJECT: Consolidation of the Claims Crossover Process: Full-scale Implementation of the Coordination of Benefits Agreement (COBA) Initiative

I. GENERAL INFORMATION

A. Background: All requirements communicated via Transmittal 138 (Change Request 3218) remain in effect. As communicated in Transmittal 138, CMS will initially implement the COBA crossover consolidation project on a limited scale during the period from July 6, 2004, to October 1, 2004. During this period, approximately eight COBA trading partners will participate in a parallel crossover production process (a pilot for only COBA trading partners using live data). The eight COBA trading partners will convert to full production at the conclusion of the parallel production period, and the fuller scale implementation of the COBA crossover process will begin. The CMS now plans to transition all eligibility-based trading partners from existing Trading Partner Agreements (TPAs) to national COBAs by April 30, 2005. The CMS will issue separate program transmittals in the future to address the COBA recovery process and the claim-based crossover process.

B. Policy: Beginning with the October 2004 release, the Common Working File (CWF) shall read the Coordination of Benefits Agreement Insurance File (COIF) to determine whether the Test/Production Indicator is set to "T" for test or "P" for production. The CWF maintainer will now be required to include a one-digit Test/Production Indicator on the BOI reply trailer (29) that is sent to contractors. This will assist contractors with differentiating between those COBA trading partners that are in test mode and those that are in full production.

When intermediaries, carriers, or durable medical equipment regional carriers (DMERCs) receive a Test/Production Indicator "T" via the BOI reply trailer (29), they shall not update their claims history with information contained on that trailer. They shall, however, update their claims history with crossover information when they have existing agreements with trading partners. Also, when a Test/Production Indicator "T" is received on the BOI reply trailer (29), contractors shall not include information from that trailer on Medicare Summary Notices (MSNs) and provider 835 Electronic Remittance Advices (ERAs) or other provider remittance advices that are in production. Instead, they should follow their existing procedures for placement of crossover information on MSNs, ERAs, or other provider remittance advices when they have existing agreements with trading partners.

When intermediaries, carriers, or DMERCs receive a Test/Production Indicator "P" via the BOI reply trailer (29), they shall update their claims history to show that a claim was selected by CWF to be crossed over. All contractor-issued MSNs and ERAs (or other provider remittance advices in production) shall be updated with information received via the BOI reply trailer (29). Contractor customer service staff will be able to determine why claims were not selected by CWF for crossover by referencing detailed history screens on the Health Insurance Master Record (HIMR). Such information may also be available to contractor customer service staff via the Next Generation Desktop (NGD) application.

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

NOTES:

1) APASS is waived from implementation of these requirements in light of the completion of the transition of APASS users to FISS by May 2004.

2) In all requirements, when a “T” Test/Production Indicator is received via a CWF reply trailer, contractors shall always assume that there will be no changes to the their current crossover process involving their existing trading partners, including billing for crossover claims.

Requirement #	Requirements	Responsibility
<p>Ch. 27, Sec. 80.14 and Ch. 28, Sec. 70.6 3273.1</p>	<p>The CWF maintainer shall modify the BOI reply trailer (29) [Attachment B] to include a one position Test/Production Indicator. Valid Test/Production Indicator values shall include “T” (Test Mode) and “P” (Production Mode).</p> <p>Beginning with the October 2004 release, CWF shall read the Coordination of Benefits Insurance File (COIF) [Attachment G] to determine whether a Test/Production Indicator “T” or “P” is present. When CWF returns a BOI reply trailer (29) to the Medicare contractor, it shall include either Test/Production Indicator T or P on the trailer.</p>	<p>CWF maintainer</p> <p>CWF</p>
<p>Ch. 28, Sec. 70.6 3273.2</p>	<p>Beginning with the October 2004 release, the contractor shall follow these procedures when determining whether to update its claims history to show that a beneficiary’s claim was selected by CWF to be crossed over.</p> <ol style="list-style-type: none"> 1) If the contractor receives a BOI reply trailer (29) that contains Test/Production Indicator “T,” it shall not update its claims history to show that the beneficiary’s claim was selected by CWF to be crossed over. 2) If the contractor receives a BOI reply trailer (29) that contains Test/Production Indicator “P,” it shall update its claims history to show that the beneficiary’s claim was selected by CWF to be 	<p>Intermediaries, Carriers, and DMERCs</p>

<p>Ch. 28, Sec. 70.6 3272.3</p>	<p style="text-align: center;">crossed over.</p> <p>Beginning with the October 2004 release, each contractor shall follow these rules when it receives a BOI reply trailer (29) that contains Test/Production Indicator “T” and there is some other indication of crossover eligibility:</p> <p>If the contractor receives a BOI reply trailer (29) with COBA IDs that fall in the ranges of 00001-89999 (See Attachment A, element 24), it shall cross over claims 1) per its existing TPAs or 2) when Medigap information is reported on the claim or when Medicaid is reported on the claim (if that is how the carrier or DMERC currently crosses over claims to Medicaid). (NOTE: Claim-based crossover scenarios only apply carriers and DMERCs).</p> <p>In addition, the contractor shall send claims for which it receives a BOI reply trailer to the COBC on the 837 v4010A1 flat file or National Council for Prescription Drug Programs (NCPDP) file.</p> <p>When a COBA trading partner is in test mode, the contractor shall not change its current procedures regarding suppression of Medicaid claims when a beneficiary has non-Medigap and/or Medigap insurance. The contractor’s Medicaid suppression logic should remain the same as with current existing trading partners, even when it receives a BOI reply trailer (29) that includes a Medicaid COBA ID.</p>	<p>Intermediaries, Carriers, and DMERCs</p>
<p>Ch. 28, 70.6 3273.4</p>	<p>Beginning with the October 2004 release, each contractor shall follow these rules when it receives a BOI reply trailer (29) that contains Test/Production Indicator “P” and there is some other indication of crossover eligibility:</p> <ol style="list-style-type: none"> 1. If the contractor receives a COBA ID that falls in the Medigap eligibility-based range (30000-54999), it shall not cross over claims based on an existing Medigap TPA or when Medigap information is reported on the claim. Instead, the contractor shall send the claim to the COBC (based on the BOI reply trailer 29) on the 837 v4010A1 flat file or NCPDP file for crossover by the COBC to the COBA trading partner. 	<p>Intermediaries, Carriers, and DMERCs</p>

	<p>(NOTE: The assumption is that a beneficiary will have only one true Medigap insurer.)</p> <ol style="list-style-type: none">2. If the contractor receives a COBA ID via a BOI reply trailer (29) that falls in the Supplemental range (00001-29999), and it has an existing TPA with a supplemental insurer for the beneficiary, it shall transmit the claim to the COBC for crossover to the COBA trading partner and cross the claim to its existing trading partner.3. If the contractor receives a COBA ID via a BOI reply trailer (29) that falls in the Supplemental range (00001-29999), and it also receives Medigap crossover information on the claim, it shall cross the claim to the Medigap insurer identified on the claim and transmit the claim to the COBC for crossover to the COBA trading partner based on the Supplemental COBA ID.4. If the contractor receives a COBA ID via a BOI reply trailer (29) that falls in the Medicaid range (70000-77999), it shall not cross over claims based on an existing Medicaid TPA or when Medicaid is reported on the claim (if that is how the carrier or DMERC currently crosses over claims to Medicaid). Instead, the contractor shall send the claim to the COBC (based on the BOI reply trailer 29) on the 837 v4010A1 flat file or NCPDP file for crossover by the COBC to the COBA trading partner.5. If the contractor receives a BOI reply trailer 29 that contains a Medicaid COBA ID (70000-77999), and the contractor has an existing TPA with a supplemental insurer or Medigap insurer, it shall suppress the Medicaid claim from inclusion on the 837 flat file or NCPDP file and cross the claim to the supplemental insurer.	
--	--	--

	<p>6. If the contractor receives a BOI reply trailer (29) that contains a Supplemental COBA ID (00001-29999) or a Medigap eligibility-based COBA ID (30000-54999), and it has an existing TPA with Medicaid, it shall suppress its crossover to Medicaid but send the claim to the COBC.</p> <p>NOTE: For the scenarios above, the trading partner shall be responsible for canceling the existing TPA that it has with the local contractor once it has signed a COBA with the Coordination of Benefits Contractor (COBC).</p>	
<p>Ch. 28, Sec. 70.6 3273.5</p> <p>Ch. 27, Sec. 80.14 and Ch. 28, Sec. 70.6</p>	<p>Effective with the October 2004 release, the contractor will receive BOI reply trailers that contain an MSN indicator of “Y” (Print trading partner name on MSN) or “N” (Do not print trading partner name on the MSN).</p> <p>When a COBA trading partner is in test mode (Test/Production Indicator=T), the contractor shall ignore the MSN indicator on the BOI reply trailer. Instead, the contractor shall follow its existing procedures for inclusion of trading partner names on MSNs for those trading partners with whom it has existing TPAs.</p> <p>When a COBA trading partner is in full production (Test/Production Indicator=P), the contractor shall read the MSN indicator returned on the BOI reply trailer (29). If the contractor receives an MSN indicator “N,” it shall print its generic crossover message(s) on the MSN rather than including the trading partner’s name. Examples of existing generic MSN messages include the following:</p> <p>(For all COBA ID ranges other than Medigap) MSN # 35.1 - “This information is being sent to your private insurer(s). Send any questions regarding your benefits to them.”</p> <p>(For the Medigap COBA ID range) MSN # 35.2 - “We have sent your claim to</p>	<p>Intermediaries, Carriers, and DMERCs</p>

	<p>your Medigap insurer. Send any questions regarding your Medigap benefits to them.”</p> <p>If the contractor receives an MSN indicator “Y,” it shall revise its existing generic crossover MSN messages to include the COBA trading partner’s name that is returned to it via the BOI reply trailer (29).</p>	
<p>Ch. 27, Sec. 80.14 and Ch. 28, Sec. 70.6 3273.6</p>	<p>Beginning with the October 2004 release, when the contractor receives a BOI reply trailer (29) that contains a “T” Test/Production Indicator, it shall not print information received from the BOI reply trailer (29) in the required crossover fields on the 835 Electronic Remittance Advice or on other provider remittance advices in production. The contractor shall, however, populate the 835 ERA (or other provider remittance advices in production) with required crossover information when it has existing agreements with trading partners.</p>	<p>Intermediaries, Carriers, and DMERCs</p>
<p>Ch. 27, Sec. 80.14 and Ch. 28, Sec. 70.6 3273.7</p>	<p>Beginning with the October 2004 release, when the contractor receives a BOI reply trailer (29) that contains a “P” Test/Production Indicator, it shall use the returned BOI trailer information to take the following actions on the provider’s 835 Electronic Remittance Advice:</p> <p>1) Record code 19 in CLP-02 (Claim Status Code) in Loop 2100 (Claim Payment Information) of the 835 ERA (v. 4010-A1). [NOTE: You shall record “20” in CLP-02 (Claim Status Code) in Loop 2100 (Claim Payment Information) when Medicare is the secondary payer.]</p> <p>2) Update the 2100 Loop (Crossover Carrier Name) on the 835 ERA as follows:</p> <ul style="list-style-type: none"> • NM101 [Entity Identifier Code]—Use “TT,” as specified in the 835 Implementation Guide. • NM102 [Entity Type Qualifier]—Use “2,” as specified in the 835 Implementation Guide. • NM103 [Name, Last or Organization Name]—Use the COBA trading partner’s name that accompanies the first sorted COBA ID returned via the BOI reply trailer. • NM108 [Identification Code 	<p>Intermediaries, Carriers, and DMERCs</p>

	<p>Qualifier]—Use “PI” (Payer Identification)</p> <ul style="list-style-type: none"> • NM109 [Identification Code]—Use the first COBA ID returned via the BOI reply trailer. (See line 24 of the BOI aux. file record.) <p>If the 835 ERA is not in production and the Medicare contractor receives a “P” Test/Production Indicator, it shall use the information provided on the BOI reply trailer 29 to populate existing provider remittance advices that it has in production.</p>	
<p>Ch. 28, Section 70.6 3273.8</p>	<p>Regardless of whether a COBA trading partner is in test or production mode, the contractor shall transmit all non-NCPDP claims received with a COBA ID on the BOI trailer to the COBC in an 837 v4010A1 flat file, as described in Transmittal AB-03-060. In a separate transmission, send the claims received in the NCPDP file format to the COBC in that same format. The contractor shall enter the 5-digit COBA ID picked up from the BOI reply trailer 29 in the I000B loop of the NM1 segment in the NM109 field. In a situation where multiple COBA IDs are received for a claim, the contractor shall send a separate 837 or NCPDP transaction to the COBC for each COBA ID. Transmission should occur via Network Data Mover (NDM) over AGNS (AT&T Global Network Service).</p> <p>COB 837 flat files and NCPDP files that the contractor transmits to the COBC will be assigned the following file names, regardless of whether a COBA trading partner is in test or production mode:</p> <p>PCOB.BA.NDM.COBA.Cxxxxx.PARTA(+1) [Used for Institutional Claims]</p> <p>PCOB.BA.NDM.COBA.Cxxxxx.PARTB(+1) [Used for Professional Claims]</p> <p>PCOB.BA.NDM.COBA.Cxxxxx.NCPDP(+1). [Used for Drug Claims]</p> <p>Note that “xxxxx” denotes the Medicare</p>	<p>Intermediaries, Carriers, and DMERCs</p>

	<p>contractor number.</p> <p>The contractor shall perform the 837 flat file and NCPDP file transmission at the end of the regular batch cycle, when claims come off the payment floor, to ensure crossover claims are not processed by the COBA trading partner prior to Medicare's final payment.</p>	
<p>Ch. 27, Sec. 80.15 and Ch. 28, Sec. 70.6 3273.9</p>	<p>Effective with the October 2004 release, when a COBA trading partner is in production mode (Test/Production Indicator=P), CWF shall annotate each processed claim on detailed history within the Health Insurance Master Record (HIMR) with an indicator that will inform all users of the claim's crossover status (see Attachment F). CWF shall allow for repeating of the application of crossover disposition indicators for up to ten (10) COBA IDs.</p> <p>In addition, CWF shall annotate each processed claim with a 10-position COBA ID (5-digit COBA ID preceded by 5 zeroes) to identify the entity to which the claim was crossed or not crossed, in accordance with the COBA.</p> <p>CWF shall not annotate processed claims on the detailed history screens in HIMR when a COBA trading partner is in test mode (Test/Production Indicator=T).</p>	<p>CWF</p>
<p>Ch. 28, Sec. 70.6 3273.10</p>	<p>When a COBA trading partner is in production mode, the contractor's customer service personnel shall answer provider/supplier and beneficiary questions about a claim's crossover status by referring to its internal claims history. In addition, the contractor's customer service staff shall access information regarding why a claim did not cross by referring to the detailed history screens on HIMR (e.g., INPH, OUTH, HOSH, PTBH, DMEH, and HHAH). These screens will also display indicator "A" when a claim was selected by CWF to be crossed over to the COBA ID shown. The BOI auxiliary file will identify the name associated with the COBA ID. Such information may also be available to contractor customer service staff</p>	<p>Intermediaries, Carriers, and DMERCs</p>

	<p>via the Next Generation Desktop (NGD) application.</p> <p>The CWF maintainer will issue instructions on the use of the new HIMR screens as part of the October 2004 release.</p>	CWF maintainer
--	---	----------------

III. SUPPORTING INFORMATION AND 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>Effective Date: October 1, 2004</p> <p>Implementation Date: October 4, 2004</p> <p>Pre-Implementation Contact(s): Donna Kettish (410-786-5462) or Brian Pabst (410-786-2487)</p> <p>Post-Implementation Contact(s): Donna Kettish (410-786-5462) or Brian Pabst (410-786-2487)</p>	<p>These instructions shall be implemented within your current operating budget.</p>
---	---

Attachments: 4

Attachment A

Common Working File (CWF) Beneficiary Other Insurance (BOI) Auxiliary (aux) File

The BOI aux file will contain information about other insurance that a beneficiary has that pays after Medicare. 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 (COBC), and provide the means for delivering the information with the claims reply to intermediaries and carriers.

The CWF maintainer will:

- Develop the capability to allow the BOI aux file to accept maintenance transactions containing changes, additions, and deletions, from the COBC. 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 COBC 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 insurer information that pays after Medicare, that will be attached to a basic claim reply record to be sent to the intermediaries and carriers;
- Develop a HIMR screen to be used by intermediaries 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, intermediaries, and carriers; and
- Release the BOI aux files to the CWF hosts for installation. Data are not available to load at this time.

Attachment A (continued)

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 (CCYYDDD)
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 (CCYYDDD)
9. Deletion Date	Date record deleted (CCYYDDD)
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 (CCYYDDD)
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

CWF BOI Trailer Requirements

Attachment B

CWF must create a new Trailer '29.' Trailer '29' will display the following:

```
01 :X:-29-TRAILER.
  05 :X:-29-TRLR-CODE    PIC X(02).
  05 :X:-29-OCCURRENCES PIC 9(02).
  05 :X:-29-COBA-CROS-IND PIC X(01).
  05 :X:-29-DATA        OCCURS 1 TO 10 TIMES,
                        DEPENDING ON X:-29-OCCURRENCES
                        INDEXED :X:-29-INDEX.

  10 :X:-29-COBA-NUM    PIC X(10).
  10 :X:-29-COBA-NAME   PIC X(32).
  10 :X:-29-COBA-MSN-IND PIC X(01).
  10 :X:-29-COBA-EFF-DATE PIC S9(07) COMP-3.
  10 :X:-29-COBA-TRM-DATE PIC S9(07) COMP-3.
  10 :X:-29-COBA-TEST-PROD-IND PIC X (01)
```

Part B and DMERC (Professional)

1. The following segments shall not be passed to the COBC:
 - a) ISA (Interchange Control Header Segment)
 - b) IEA (Interchange Control Trailer Segment)
 - c) GS (Functional Group Header Segment)
 - d) GE (Functional Group Trailer Segment)

2. The 1000B loop of the NM1 segment denotes the crossover partner. If multiple COBA IDs are received via the BOI reply trailer, a separate 837 transaction should be submitted for each COBA ID received. As the crossover partner information will be unknown to the standard systems, the following fields should be formatted as indicated for the NM1 segment:
 - a) NM103—Use spaces.
 - b) NM109—Include COBA ID (5-digit COBA ID picked up from the BOI reply trailer 29).

3. The 2010BA loop denotes the subscriber information. If available, the subscriber name, address, and policy number should be used to complete the NM1, N3, and N4 segments. If unknown, the segments should be formatted as follows, with COBC completing any missing information:
 - a) NM1 segment—For NM103, NM104, NM105, and NM107, use spaces.
 - b) NM1 segment—For NM109, include HICN.
 - c) N3 segment—Use all spaces
 - d) N4 segment—Use all spaces.

4. The 2010BB loop denotes the payer name. Per the HIPAA Implementation Guide (IG), this loop should define the secondary payer when sending the claim to the second destination payer. Consequently, given that the payer related to the COBA ID will be unknown by the standard systems, the NM1, N3, and N4 segments should be formatted as follows, with COBC completing any missing information:
 - a) NM1 segment—For NM103, use spaces.
 - b) NM1 segment—For NM109, include the COBA ID (5-digit COBA ID picked up from the BOI reply trailer 29).
 - c) N3 segment—Use all spaces.
 - d) N4 segment—Use all spaces.

Attachment C (continued)

5. The 2330B loop denotes other payers for the claim. If multiple COBA IDs are returned via the BOI reply trailer, payer information for the additional COBA IDs will be unknown. As with the 2010BB loop, the NM1 segment should be formatted as follows, with COBC completing any missing information:
 - a) NM103—Use spaces.
 - b) NM109—Include COBA ID (5-digit COBA ID picked up from the BOI reply trailer 29).

The 2330B loop shall be repeated to allow for inclusion of the Name (NM103) and associated Trading Partner ID (NM109) for each existing trading partner.

6. The 2320 loop defines other subscriber information. Within the SBR segment, the SBR03 and SBR04 segments are used to define the group/policy number and insured group name, respectively. If the information is available for these fields, those values should be propagated accordingly for both current trading partners and COBA trading partners. COBC will inspect these values for COBA related eligibility based claims and overlay as appropriate. Spaces should only be used for COBA-related situations.
--SBR01 – treat as you currently do.

Part A (Institutional)

1. As the ISA, IEA, and GS segments are included in the '100' record with other required segments, the '100' record must be passed to the COBC. However, as the values for these segments will be recalculated, spaces may be placed in all of the fields related to the ISA, IEA, and GS segments.
2. The 1000B loop of the NM1 segment denotes the crossover trading partner. If multiple COBA IDs are received via the BOI reply trailer, a separate 837 transaction should be submitted for each COBA ID received. As the crossover trading partner information will be unknown to the standard systems, the following fields should be formatted as follows for the NM1 segment on the '100' record:
 - a) NM103—Use spaces.
 - b) NM109—Include COBA ID (5-digit COBA ID picked up from the BOI reply trailer 29).

Attachment C

3. The 2010BA loop denotes the subscriber information. If available, the NM1, N3, and N4 segments. If unknown, the segments should be formatted as follows for the '300' record, with COBC completing any missing information:
 - a) NM1 segment – For NM103, NM104, NM105, and NM107, use spaces.
 - b) NM1 segment—For NM109, include HICN.
 - c) N3 segment—Use all spaces.
 - d) N4 segment—Use all spaces.

4. The 2010BC loop denotes the payer name. Per the HIPAA IG, this loop should define the secondary payer when sending the claim to the second destination payer. Consequently, since the payer related to the COBA ID will be unknown to the standard systems, the NM1, N3, and N4 segments should be formatted as follows for the '300' record, with COBC completing any missing information:
 - a) NM1 segment—For NM103, use spaces.
 - b) NM1 segment—For NM109, include COBA ID (5-digit COBA ID picked up from the BOI reply trailer 29).
 - c) N3 segment—Use all spaces.
 - d) N4 segment—Use all spaces.

5. The 2330B loop of the '575' record denotes other payers for the claim. If multiple COBA IDs are returned via the BOI reply trailer, payer information for the additional COBA IDs will be unknown. As with the 2010BC loop, the NM1 segment should be formatted as follows, with COBC completing any missing information:
 - a) NM103—Use spaces.
 - b) NM109—Include COBA ID (5-digit COBA ID picked up from the BOI reply trailer 29).

The 2330B loop shall be repeated to allow for inclusion of the Name (NM103) and associated Trading Partner ID (NM109) for each existing trading partner.

6. The 2320 loop defines other subscriber information. Within the SBR segment, the SBR03 and SBR04 segments are used to define the group/policy number and insured group name, respectively. If the information is available for these fields, those values should be propagated accordingly for both current trading partners and COBA trading partners. COBC will inspect these values for COBA related eligibility based claims and overlay as appropriate. Spaces should only be used for COBA-related situations.
 - SBR01 – treat as you currently do.

Attachment D**Claims Response File Layout (80 bytes)**

<i>Field</i>	<i>Name</i>	<i>Size</i>	<i>Displacement</i>	<i>Description</i>
1.	Contractor Number	5	1-5	Contractor Identification Number
2.	Transaction Set Control Number/Batch Number	9	6-14	Found within the ST02 data element from the ST segment of the ANSI 837 flat file or in field 806-5C from the batch header of the NCPDP file.
3.	Number of claims	9	15-23	Number of Claims contained in the ANSI 837 flat file or NCPDP file. This is a numeric field that will be right justified and zero-filled.
4.	Receipt Date	8	24-31	Receipt Date of ANSI 837 flat file or NCPDP file in CCYYMMDD format
5.	Accept/Reject indicator	1	32	Indicator of either the acceptance or rejection of the ANSI 837 flat file or NCPDP file. Values will either be an "A" for accepted or "R" for rejected.
6.	Filler	48	33-80	Spaces

837 Institutional Edits by the COBC

Assumption: Intermediaries will forward HIPAA compliant 837v4010A1 flat file layout crossover claims files to the COBC.

Record 100 exists

The value in the field SUBMITTER ETIN is a valid MEDA FI

The value in the field RECEIVER NAME is spaces

The value in the field RECEIVER ETIN is a valid COBA id

Record 200 exists

Record 300 exists

The value in the field SUBSCRIBER PRIMARY ID is a HICN (alphanumeric and not greater than 12 bytes long)

Spaces in the fields SUBSCRIBER LAST NAME, SUBSCRIBER FIRST NAME, SUBSCRIBER MIDDLE INITIAL, SUBSCRIBER NAME SUFFIX, SUBSCRIBER ADDRESS LN 1, SUBSCRIBER ADDRESS LN 2, SUBSCRIBER CITY, SUBSCRIBER STATE, SUBSCRIBER ZIP CODE and SUBSCRIBER COUNTRY CODE is valid

The value in the field PAYER NAME is spaces

The value in the field PAYER ID NUMBER is a valid COBA id

The value in the fields PAYER ADDRESS LN 1, PAYER ADDRESS LN 2, PAYER CITY, PAYER STATE, PAYER ZIP CODE, PAYER COUNTRY CODE is spaces

At least one record 500 exists for each record 300

There is no more than 100 record 500s for each record 300

There is at least one record 575 for each record 500

At least one iteration of the record 575 must have field PAYER RESPONSIBILITY SEQUENCE CODE equal to the value of 'P'

There is at least one record 590 for each record 575

If there is only one record 575 (meaning Medicare is the primary payer), the following must be set:

The field PAYER RESPONSIBILITY SEQUENCE CODE is the value of 'P'

The field PATIENT RELATIONSHIP TO INSURED is the value of '18'

The field SOURCE PAY CODE is the value of 'MA'

One of the record 590s associated with record 575 has:

The field OTHER PAYER ID CODE QUAL is the value of 'PI'

The field OTHER PAYER ID NUMBER is equal to the value in the field SUBMITTER ETIN in record 100

The field OTHER SUBSCRIBER/INSURED 2NDARY ID QUAL is the value of 'F8'

The field OTHER SUBSCRIBER/INSURED SECONDARY ID is greater than space (Intermediary's claim control number)

There is at least one record 600 for each record 500

There is no more than 999 record 600s for each record 500

If there is a record 650, the number of record 650s cannot exceed 25 for each record 600.

(Assumption: There can only be 25 occurrences of the record type 650 for each record 600.)

Attachment D (continued)

For the iteration of record 650 that is the Medicare adjudication information, field PAYER IDENTIFICATION is equal to the Intermediary's number

Record 999 exists

837 Professional Edits by the COBC

Assumption: Carriers and DMERCs will forward HIPAA compliant 837v4010A1 flat file layout crossover claims files to the COBC.

Segment ST exists

Segment BHT exists

Segment REF exists

There is only one iteration of the 1000A loop per ST/SE envelope (record set)

The value in 1000A.NM109 is equal to a valid MEDB or DMERC Carrier ID

There is only one iteration of the 1000B loop per ST/SE envelope (record set)

The value in 1000B.NM103 is equal to spaces

The value in 1000B.NM109 is equal to a valid COBA id

There is at least one iteration of the 2000A loop

There is only one iteration of the 2010AA loop per 2000A loop

There is at least one iteration of the 2000B loop

There is only one iteration of the 2010BA loop per 2000B loop

The value in 2010BA.NM103 is equal to spaces

The value in 2010BA.NM104 is equal to spaces

The value in 2010BA.NM105 is equal to spaces

The value in 2010BA.NM107 is equal to spaces

The value in 2010BA.NM109 is a HICN (alpha-numeric and not greater than 12 bytes long)

The value in 2010BA.N3 is spaces

The value in 2010BA.N4 is spaces

There is only one iteration of the 2010BB loop per 2000B loop

The value in 2010BB.NM103 is equal to spaces

The value in 2010BB.NM109 is equal to the value in 1000B.NM109

The value in 2010BB.N3 is spaces

The value in 2010BB.N4 is spaces

There are no 2010BD loops

There are no 2000C loops

There is at least one 2300 loop per 2000B loop

There is no more than one hundred (100) 2300 loops per 2000B loop

There is at least one 2320 loop per 2300 loop

At least one iteration of the 2320 loop must have 2320.SBR01 equal to P. Only one iteration of the 2320 loop can have 2320.SBR01 equal to P.

There is only one iteration of the 2330A loop per 2320 loop

There is only one iteration of the 2330B loop per 2320 loop

If there is only one iteration of the 2320 loop (meaning Medicare is the primary payer), the

Attachment D (concluded)

following must be set:

2320.SBR01 is equal to the value of P

2320.SBR02 is equal to the value of 18

2320.SBR05 is equal to the value of MB

2320.SBR09 is equal to the value of MB

2330B.NM108 is equal to the value of PI

2330B.NM109 is equal to the value in 1000A.NM109

At least one iteration of 2330B.REF where:

2330B.REF01 is equal to the value of F8

2330B.REF02 is greater than spaces (Carrier or DMERC's claim control number)

For occurrences where 2330B.NM103 is equal to spaces (meaning crossing to another COBA ID), the following must be set:

2330B.NM109 is equal to a valid COBA ID and is not equal to the value in 1000B.NM109

2320.SBR02 is equal to the value of S

There is at least one iteration of the 2400 loop

There is not more than 50 iterations of the 2400 loop per 2300 loop

If there is a 2430 loop, the number of 2430 loops cannot be greater than 25 per 2400 loop.

For the iteration of the 2430 loop (i.e., the Medicare adjudication information), 2430.SVD01 is equal to 2330B.NM109.

Segment SE exists

NCPDP Edits by the COBC

Assumption: DMERCs will forward to compliant NCPDP flat file layout crossover claims files to the COBC.

1. The Batch Header (B00) exists
2. There is only one Batch Header per B00 – B99 (Batch Trailer) set
3. The value in 880-K1 (Sender ID) in the B00 is a valid DMERC carrier id
4. The value in 880-K7 (Receiver ID) in the B00 is a valid COBA id
5. There is at least one Transaction Header (T00) in the B00 – B99 set
6. There is only one Patient (T01) record per T00 record
7. There is only one Insurance (T04) record per T00 record
8. If the value in 880-K7 in the B00 is a Medigap COBA ID, then the value in 301-C1 (Group ID) in the T04 must be equal to the value in 880-K7
9. There is at least one Claim (T07) record, but no more than 4 T07s per T00
10. For every iteration of a T07 record, there is one Pricing (T11) record
11. For every iteration of the a T07 record, there is one COB/Other Payment (T05) record
12. Within the T05 record, there is at least one occurrence of the COB-INFO
13. If there is only one occurrence of the COB-INFO in the T05, then 338-5C (Other payer coverage type) is equal to 01 and the value in 340-7C (Other payer ID) is equal to 880-K1 of the B00
14. The Batch Trailer (B99) exists
15. There is only one B99 per B00- B99 set

Claims Crossover Extract File

Attachment E

****Note: This Attachment is deleted.**

ATTACHMENT F

CROSSOVER CLAIM DISPOSITION INDICATORS

Claims Crossover Disposition Indicator	Definition/Description
A	This claim was selected to be crossed over.
B	This Type of Bill (TOB) excluded.
C	Non-assigned claim excluded.
D	Original Medicare claims paid at 100%.
E	Original Medicare claims paid at greater than 100% of the submitted charges excluded.
F	100% denied claims, with no additional beneficiary liability excluded.
G	100% denied claims, with additional beneficiary liability excluded.
H	Adjustment claims, monetary, excluded.
I	Adjustment claims, non-monetary/statistical, excluded
J	MSP claims excluded.
K	This Claim contains a provider identification number (ID) or provider state that is excluded by the COBA trading partner.
L	Claims from this Contractor ID excluded
M	The beneficiary has other insurance (such as Medigap, supplemental, TRICARE, or other) that pays before Medicaid. Claim excluded by Medicaid.
N	NCPDP claims excluded.

NOTE: In the future, CMS may expand the above list beyond the last indicator provided above. Once all remaining one-digit alpha indicators are committed, CMS will institute the use of two-position claims crossover disposition indicators.

COBA INSURANCE FILE

ATTACHMENT G

Field	Start	Length	End	Description
COBA ID	1	10	10	Unique identifier for each COB Agreement
COBA TIN	11	9	19	Tax Identification Number of COBA
COBA Name	20	32	51	Name of COBA Partner (Equivalent to Insurer Name on BOI Auxiliary File)
COBA Address 1	52	40	91	Address 1 of COBA
COBA Address 2	92	40	131	Address 2 of COBA
COBA City	132	25	156	Address city of COBA
COBA State	157	2	158	Postal State Abbreviation of COBA
COBA Zip	159	9	167	Zip plus 4 of COBA

Common Claim Exclusions

The following fields are 1 byte indicators dictating type of claim exclusions. A value of 'Y' in any of the following fields indicates those types of claims should be excluded.

Non-assigned	168	1	168	Non-assigned claims
Orig. Claims Paid at 100%	169	1	169	Original claims paid at 100%
Orig. Claims Paid at >100%	170	1	170	Original claims paid at greater than 100% of submitted charge
100% Denied, No Additional Liability	171	1	171	100% denied claims, with no additional beneficiary liability
100% Denied, Additional Liability	172	1	172	100% denied claims, with additional beneficiary liability
Adjustment Claims, Monetary	173	1	173	Adjustments, monetary claims
Adjustment Claims, Non-Monetary/Statistical	174	1	174	Adjustments, non-monetary/statistical claims
Medicare Secondary Payer Claims	175	1	175	Medicare Secondary Payer (MSP) claims
Other Insurance	176	1	176	Claims if other insurance (such as Medigap, supplemental, TRICARE, or other) exists for beneficiary. **Applies to State Medicaid Agencies only.**
NCPDP Claims Filler	177	1	177	National Council Prescription Drug Program Claims
	178	10	187	Future
Hospital Inpatient A	188	1	188	TOB 11 - Hospital: Inpatient Part A
Hospital Inpatient B	189	1	189	TOB 12 - Hospital: Inpatient Part B
Hospital Outpatient	190	1	190	TOB 13 - Hospital: Outpatient
Hospital Other B	191	1	191	TOB 14 - Hospital: Other Part B (Non-patient)
Hospital Swing	192	1	192	TOB 18 - Hospital: Swing Bed
SNF Inpatient A	193	1	193	TOB 21 - Skilled Nursing Facility: Inpatient Part A
SNF Inpatient B	194	1	194	TOB 22 - Skilled Nursing Facility: Inpatient Part B
SNF Outpatient	195	1	195	TOB 23 - Skilled Nursing Facility: Outpatient
SNF Other B	196	1	196	TOB 24 - Skilled Nursing Facility: Other Part B (Non-patient)
SNF Swing Bed	197	1	197	TOB 28 - Skilled Nursing Facility: Swing Bed
Home Health B	198	1	198	TOB 32 - Home Health: Part B Trust Fund
Home Health A	199	1	199	TOB 33 - Home Health: Part A Trust Fund
Home Health Outpatient	200	1	200	TOB 34 - Home Health: Outpatient
Religious Non-Med Hospital	201	1	201	TOB 41 - Christian Science/Religious Non-Medical Services (Hospital)
Clinic Rural Health	202	1	202	TOB 71 - Clinic: Rural Health

Clinic Freestanding Dialysis	203	1	203	TOB 72 - Clinic: Freestanding Dialysis
Clinic Fed Health Center	204	1	204	TOB 73 - Clinic: Federally Qualified Health Center
Clinic Outpatient Rehab	205	1	205	TOB 74 - Clinic: Outpatient Rehabilitation Facility
Clinic CORF	206	1	206	TOB 75 - Clinic: Comprehensive Outpatient Rehabilitation Facility (CORF)
Clinic Comp Mental Health	207	1	207	TOB 76 - Clinic: Comprehensive Mental Health Clinic
Clinic Other	208	1	208	TOB 79 - Clinic: Other
SF Hospice Non-Hospital	209	1	209	TOB 81 - Special Facility: Hospice Non-Hospital
SF Hospice Hospital	210	1	210	TOB 82 - Special Facility: Hospice Special Facility: Hospice Hospital
Ambulatory Surgical Center	211	1	211	TOB 83 - Special Facility: Ambulatory Surgical Center
Primary Care Hospital	212	1	212	TOB 85 - Primary Care Hospital
Filler	213	10	222	Future
Part A/RHHI Provider Inclusion/Exclusion			Part A/RHHI claims may be included or excluded by providers by specifying the Inclusion/Exclusion type. Inclusion or exclusion may be limited by either provider ID or provider state.	
Inclusion/Exclusion Type	223	1	223	Indicates whether providers are to be included or excluded (I - Inclusion or E - Exclusion)
Provider Qualifier	224	1	224	Indicates whether providers are identified by state or by provider ID (P - Provider number or S - Provider state)
Provider ID (P)	225	650	874	Specific providers IDs to be included or excluded (occurs 50 times--13-digit alpha/numeric provider number.
Provider State (S)	875	100	974	Specific provider states to be included or excluded (occurs 50 times—2-digit code)
Filler	975	10	984	Future
Part B Contractor Inclusion/Exclusion			Specific contractors may be included or excluded on Part B claims by specifying the Inclusion/Exclusion type.	
Inclusion/Exclusion Type	985	1	985	Indicates whether contractors are to be included or excluded (I – Inclusion or E - Exclusion)
Contractor ID	986	250	1235	Specific contractors to be included or excluded (occurs 50 times).
Filler	1236	10	1245	Future
DMERC Contractor Exclusion			Specific contractors may be excluded on DMERC claims.	
Contractor ID	1246	20	1265	Specific contractors to be excluded on DMERC claims (occurs 4 times).
Filler	1266	10	1275	Future
Medicare Summary Notice (MSN) Indicator for Trading Partner Name				
MSN Indicator for Printing of Trading Partner Name	1276	1	1276	Indicates whether the COBA trading partner wishes its name to appear on the MSN. (Y=Yes N=No).
Test/Production Indicator				
Test/Production Indicator	1277	1	1277	One-position indicator that communicates whether a COBA trading partner is in test or full-production mode. (T= Test

Mode P=Production Mode)

80.14 - Consolidated Claims Crossover Process

(Rev. 158, 04-30-04)

A. The Mechanics of the CWF Claims Selection Process and BOI and Claim-based Reply Trailers

1. CWF Receipt and Processing of the Coordination of Benefits Agreement Insurance File (COIF)

Effective July 6, 2004, the COBC will begin to send copies of the Coordination of Benefits Agreement Insurance File (COIF) to the nine CWF host sites on a weekly basis. The COIF will contain specific information that will identify the COBA trading partner, including name, COBA ID, address, and tax identification number (TIN). It will also contain each trading partner's claims selection criteria exclusions (claim or bill types that the trading partner does not want to receive via the crossover process) along with an indicator (Y=Yes; N=No) regarding whether the trading partner wishes its name to be printed on the Medicare Summary Notice (MSN). During the COBA parallel production period, which is estimated to run from July 6, 2004, to October 1, 2004, CWF will exclusively return an "N" MSN indicator to the intermediary or carrier.

The CWF shall load the initial COIF submission from COBC as well as all future weekly updates.

Upon receipt of a claim, the CWF shall take the following actions:

- a) Search for a COBA eligibility record on the BOI auxiliary record for each beneficiary and obtain the associated COBA ID(s) [NOTE: There may be multiple COBA IDs];***
- b) Refer to the COIF associated with each COBA ID (NOTE: CWF shall pull the COBA ID from the BOI auxiliary record) to obtain the COBA trading partner's name and claims selection criteria;***
- c) Apply the COBA trading partner's selection criteria; and***
- d) Transmit a BOI reply trailer 29 to the Medicare intermediary or carrier only if the claim is to be sent, via 837 COB flat file or National Council for Prescription Drug Programs (NCPDP) file, to the COBC to be crossed over. (See Pub.100-4, Chap. 28, §70.6 for more information about the claim file transmission process involving the Medicare intermediary or carrier and the COBC.)***

Effective with the October 2004 systems release, CWF shall read the COIF submission to determine whether a Test/Production Indicator “T” (test mode) or “P” (production mode) is present. CWF will then include the Test/Production Indicator on the BOI reply trailer 29 that is returned to the Medicare intermediary or carrier. (See additional details below.)

2. BOI Reply Trailer 29 Processes

For purposes of eligibility file-based crossover, if CWF selects a claim for crossover, it shall return a BOI reply trailer 29 to the Medicare intermediary or carrier. The returned BOI reply trailer 29 shall include, in addition to COBA ID(s), the COBA trading partner name(s), an “A” crossover indicator that specifies that the claim has been selected to be crossed over, the insurer effective and termination dates, and a 1-digit indicator [“Y”=Yes; “N”=No] that specifies whether the COBA trading partner’s name should be printed on the beneficiary MSN. *Effective with the October 2004 systems release, CWF shall also include a 1-digit Test/Production Indicator “T” (test mode) or “P” (production mode) on the BOI reply trailer 29 that is returned to the intermediary or carrier.*

A. MSN Crossover Messages

As specified above, during the COBA parallel production period (July 6, 2004, to October 1, 2004), CWF will exclusively return an “N” MSN indicator via the BOI reply trailer, in accordance with the information received via the COIF submission. If an intermediary or carrier receives a “Y” MSN indicator during the parallel production period, it shall ignore it.

Beginning with the October 2004 systems release, when a contractor receives a BOI reply trailer 29 from CWF that contains a Test/Production Indicator “T” (test mode), it shall ignore the MSN Indicator provided on the trailer. Instead, the Medicare intermediary or carrier shall follow its existing procedures for inclusion of trading partner names on MSNs for those trading partners with whom it has existing Trading Partner Agreements (TPAs).

Beginning with the October 2004 systems release, when an intermediary or carrier receives a BOI reply trailer 29 from CWF that contains a Test/Production Indicator “P” (production mode), it shall read the MSN indicator (Y=Yes, print trading partner’s name; N=Do not print trading partner’s name) returned on the BOI reply trailer 29. (Refer to Pub.100-4, chapter 28, §70.6 for additional details.)

B. Electronic Remittance Advice (835)/Provider Remittance Advice Crossover Messages

Beginning with the October 2004 release, when contractors receive a BOI reply trailer (29) from CWF that contains a “T” Test/Production Indicator, they shall not print information received from the BOI reply trailer (29) in the required crossover fields on the 835 Electronic Remittance Advice or other provider remittance advice(s) that is/are

in production. Contractors shall, however, populate the 835 ERA (or provider remittance advice(s) in production) with required crossover information when they have existing agreements with trading partners.

Beginning with the October 2004 release, when contractors receive a BOI reply trailer (29) from CWF that contains a “P” Test/Production Indicator, they shall use the returned BOI trailer information to take the following actions on the provider’s 835 Electronic Remittance Advice:

- 1) Record code 19 in CLP-02 (Claim Status Code) in Loop 2100 (Claim Payment Information) of the 835 ERA (v. 4010-A1). [NOTE: Record “20” in CLP-02 (Claim Status Code) in Loop 2100 (Claim Payment Information) when Medicare is the secondary payer.]*
- 2) Update the 2100 Loop (Crossover Carrier Name) on the 835 ERA as follows:*
 - NM101 [Entity Identifier Code]—Use “TT,” as specified in the 835 Implementation Guide.*
 - NM102 [Entity Type Qualifier]—Use “2,” as specified in the 835 Implementation Guide.*
 - NM103 [Name, Last or Organization Name]—Use the COBA trading partner’s name that accompanies the first sorted COBA ID returned to you on the BOI reply trailer.*
 - NM108 [Identification Code Qualifier]—Use “PI” (Payer Identification.)*
 - NM109 [Identification Code]—Use the first COBA ID returned to you on the BOI reply trailer. (See line 24 of the BOI aux. file record.*

If the 835 ERA is not in production and the contractor receives a “P” Test/Production Indicator, it shall use the information provided on the BOI reply trailer (29) to populate the existing provider remittance advices that it has in production.

When a beneficiary’s claim is associated with more than one COBA ID (i.e., the beneficiary has more than one health insurer/benefit plan that has signed a national COBA), CWF shall sort the COBA IDs and trading partner names in the following order: 1) Eligibility-based Medigap, 2) Supplemental, 3) TRICARE, 4) Others, and 5) Eligibility-based Medicaid. When two or more COBA IDs fall in the same range (see item 24 in the BOI Auxiliary File table above), CWF shall sort numerically within the same range.

3. Claim-Based Medigap and Medicaid Crossover Processes Involving CWF

As with eligibility file-based crossover, the CWF shall load the initial COIF submission from the COBC as well as all future updates that pertain to claim-based Medigap insurers and State Medicaid Agencies.

For claim-based crossover, the CWF shall only search the Coordination of Benefits Agreement Insurance File (COIF) if the carrier or DMERC has included a claim-based Medigap ID (55000—59999) or claim-based Medicaid ID (78000-79999) in field 36 of the HUBC or HUDC query. If claim-based COBA IDs are entered in field 36 of the HUBC or HUDC query, CWF shall:

- a) Search the COIF to locate the claim-based Medicaid and/or Medigap COBA ID and corresponding COBA Trading Partner Name;*
- b) Apply the Medigap claim-based trading partner's claims selection criteria;*
- c) Return a Claim-based reply trailer 37 to the carrier or DMERC that includes values for claim-based COBA ID (sorted by Medigap, then Medicaid), COBA Trading Partner Name, and MSN Indicator when a claim-based COBA ID is found on the COIF and the claim is to be sent to the COBC to be crossed over;*
- d) Return an alert code 7704 on the "01" response via a Claim-based alert trailer 21 to the carrier or DMERC, as specified in Requirement 23 above, if a claim-based COBA ID in the Medigap claim-based range (55000-59999) is not located on the COIF; and*
- e) Return nothing to the carrier or DMERC if a Medicaid claim-based COBA ID (78000-79999) is not found on the COIF.*

As established above, the CWF will only return a Claim-based reply trailer 37 if: 1) it locates a claim-based COBA ID on the COIF, and 2) the claim is to be sent to the COBC for crossover.

4. CWF Treatment of Non-assigned Medicaid Claims

If CWF receives a non-assigned Medicare claim for a beneficiary whose BOI auxiliary record contains a COBA ID with a current effective date in the Medicaid eligibility-based range (70000-77999), it shall reject the claim. The CWF shall return an edit to the carrier or DMERC that specifies that non-assigned Medicare claims cannot be sent to Medicaid. At the same time, CWF shall also return a Medicaid reply trailer 36 to the carrier or DMERC that contains the trading partner's COBA ID and beneficiary's effective and termination dates under Medicaid. If the carrier or DMERC determines that the non-assigned claim's service dates fall during a period when the beneficiary is eligible for Medicaid, it shall convert the assignment indicator from "non-assigned" to

“assigned” and retransmit the claim to CWF. After the claim has been retransmitted, the CWF will only return a BOI reply trailer to the carrier or DMERC if the claim is to be sent to the COBC to be crossed over.

80.15 - Claims Crossover Disposition Indicators

(Rev. 158, 04-30-04)

Effective with the October 2004 systems release, when a COBA trading partner is in production mode (Test/Production Indicator sent via the COIF submission=P), CWF shall annotate each processed claim on detailed history in the Health Insurance Master Record (HIMR) with a claims crossover disposition indicator after it has applied the COBA trading partner’s claims selection criteria. (See the table below for a listing of the indicators.) In addition, when a COBA trading partner is in production mode, CWF shall annotate each processed claim with a 10-position COBA ID (5-digit COBA ID preceded by 5 zeroes) to identify the entity to which the claim was crossed or not crossed, in accordance with the terms of the COBA.

CWF shall not annotate processed Medicare claims on the detailed history screens in HIMR when a COBA trading partner is in test mode (Test/Production Indicator sent via the COIF submission=T).

Once the claims crossover process is *fully* consolidated under the Coordination of Benefits Contractor (COBC), Medicare intermediary and carrier customer service staff will have access to a CWF auxiliary file that will display the crossover disposition of each beneficiary claim. The crossover disposition indicators that will appear on the HIMR detailed history screens (INPH, OUTH, HOSH, PTBH, DMEH, and HHAH) are summarized below.

Claims Crossover Disposition Indicator	Definition/Description
A	This claim was selected to be crossed over.
B	This Type of Bill (TOB) excluded.
C	Non-assigned claim excluded.
D	Original Medicare claims paid at 100%.
E	Original Medicare claims paid at greater than 100% of the submitted charges excluded.
F	100% denied claims, with no additional beneficiary liability excluded.

G	100% denied claims, with additional beneficiary liability excluded.
H	Adjustment claims, monetary, excluded.
I	Adjustment claims, non-monetary/statistical, excluded.
J	MSP claims excluded.
K	This claim contains a provider identification number (ID) or provider state that is excluded by the COBA trading partner.
L	Claims from this Contractor ID excluded.
M	The beneficiary has other insurance (such as Medigap, supplemental, TRICARE, or other) that pays before Medicaid. Claim excluded by Medicaid.
N	NCPDP claims excluded.

NOTE: In the future, CMS may expand the above list beyond Indicator “N.” Once all remaining one-digit alpha indicators are committed, CMS will institute the use of two-position claims crossover disposition indicators.

70.6—Consolidation of the Claims Crossover Process

(Rev. 158, 04-30-04)

The CMS has decided to streamline the claims crossover process to better serve our customers. Beginning with July 6, 2004, and running through October 1, 2004, approximately eight COBA trading partners will participate in the beta-site testing of the consolidated claims crossover or Coordination of Benefits Agreement (COBA) process. During this time, the COBA beta-site testers will participate in a parallel production crossover process (a pilot for only COBA trading partners using production/live data). During the parallel production period, the eight COBA trading partners will receive consolidated crossover claims as part of the COBA process. In addition, if the eight COBA trading partners have individual Trading Partner Agreements (TPAs) executed with Medicare contractors, they will receive crossover claims based on the terms and conditions of those TPAs. The *Coordination of Benefits Contractor (COBC)* will not charge the COBA beta-testers for crossed over claims during the parallel production period. Intermediaries and carriers will, however, continue to charge these partners for claims that they continue to cross over to them during the beta-testing period.

Under the consolidated claims crossover process, trading partners will be transitioned from the current *TPA* process with intermediaries and carriers to new agreements called Coordination of Benefits Agreements (COBAs). These agreements, which will be negotiated on behalf of CMS by the COBC, will be entered into directly between CMS and the COBA trading partners. Through the COBA process, each COBA trading partner will send one national eligibility file that includes eligibility information for each Medicare beneficiary that it insures to the COBC. The COBC will transmit the beneficiary eligibility file(s) to the Common Working File (CWF) via a maintenance transaction. The transaction is known as the Beneficiary Other Insurance (BOI) auxiliary file. (See chapter 27, §80.14, of Publication 100-4, Medicare Claims Processing Manual, for more details about the contents of the BOI auxiliary file.)

The *CWF* is being modified so that it will apply each COBA trading partner's claims selection criteria against processed claims with service dates that fall between the effective and termination date of one or more BOI records. After applying the claims selection options, CWF will return a BOI reply trailer (29) to the intermediary or carrier only in those instances when the COBA trading partner expects to receive a Medicare processed claim from the COBC. Upon receipt of a BOI reply trailer (29) that contains (a) COBA ID (s) and other crossover information required on the HIPAA 835 Electronic Remittance Advice (ERA), Intermediaries and Carriers will send processed claims via an 837 COB flat file or National Council for Prescription Drug Programs (NCPDP) file to the COBC. The COBC, in turn, will cross the claims to the COBA trading partner. The CWF is also being modified in preparation for future receipt of claim-based Medigap and/ or Medicaid COBA IDs in field 36 of the HUBC or HUDC query. For claim-based crossover, CWF will also be equipped to search the Coordination of Benefits Agreement Insurance File (COIF) to locate a matching COBA IDs; apply the Medigap claim-based trading partner's claims selection criteria; and return a Claim-based reply trailer 37 to the

carrier or DMERC if a claim-based COBA ID has been located and the claim is to be sent to the COBC to be crossed over.

In addition, CMS shall arrange for the invoicing of COBA trading partners for crossover fees.

The effort to consolidate the claims crossover function will be implemented via a phased-in approach, beginning with a small-scale implementation on July 6, 2004, involving approximately *eight* COBA trading partners that will serve as beta-site testers. The transition of existing eligibility-file based trading partners to the COBA process should be completed by April 30, 2005.

A. CWF Processing of the COBA Insurance File (COIF) and Returning of BOI Reply Trailers

Effective July 6, 2004, the COBC will begin to send initial copies of the COBA Insurance File (COIF) to the nine CWF host sites. The COIF will contain specific information that will identify the COBA trading partner, including name, COBA ID, address, and tax identification number (TIN). It will also contain each trading partner's claims selection criteria along with an indicator (Y=Yes or N=No) of whether the trading partner wishes its name to be printed on the Medicare Summary Notice (MSN). *Effective with the October 2004 systems release, the COIF will also contain a 1-digit Test/Production Indicator that will identify whether a COBA trading partner is in test (T) or production (P) mode. CWF will be required to return that information as part of the BOI reply trailer (29) to Medicare intermediaries and carriers.*

Upon receipt of a claim, CWF shall take the following actions:

- 1) Search for a COBA eligibility record on the BOI auxiliary record for each beneficiary and obtain the associated COBA ID(s) [NOTE: There may be multiple COBA IDs associated with each beneficiary.];*
- 2) Refer to the COIF associated with each COBA ID [NOTE: CWF shall pull the COBA ID from the BOI auxiliary record) to obtain the COBA trading partner's name and claims selection criteria;*
- 3) Apply the COBA trading partner's selection criteria; and*
- 4) Transmit a BOI reply trailer to the Medicare intermediary or carrier only if the claim is to be sent, via 837 COB flat file or NCPDP file, to the COBC to be crossed over.*

B. BOI Reply Trailer and Claim-based Reply Trailer Processes

1. BOI Reply Trailer Process

For eligibility file-based crossover, intermediaries and carriers shall send processed claims information to the COBC for crossover to a COBA trading partner in response to

the receipt of a CWF BOI reply trailer (29). Intermediaries or carriers will only receive a BOI reply trailer (29) under the consolidated crossover process for claims that CWF has selected for crossover after reading each COBA trading partner's claims selection criteria as reported on the weekly COIF submission.

When a BOI reply trailer (29) is received, the COBA assigned ID will identify the type of crossover (see the Data Elements Required for the BOI Aux File Record Table in chapter 27, §24). Although each COBA ID will consist of a five-digit prefix that will be all zeroes, Intermediaries and Carriers are only responsible for picking up the last five digits within these ranges, which will be right justified in the COBA number field. In addition to the trading partner's COBA ID, the BOI reply trailer shall also include the COBA trading partner name (s), an "A" crossover indicator that specifies that the claim has been selected to be crossed over, and a one-digit indicator ["Y"=Yes; "N"=No] that specifies whether the COBA trading partner's name should be printed on the beneficiary MSN. *As discussed above, effective with the October 2004 systems release, CWF shall also include a 1-digit Test/Production Indicator on the BOI reply trailer (29) that is returned to the intermediary or carrier.*

Larger-Scale Implementation of the COBA Process

MSN Crossover Messages

Effective with the October 2004 systems release, the intermediary or carrier will begin to receive BOI reply trailers (29) that contain an MSN indicator "Y" (Print trading partner name on MSN) or "N" (Do not print trading partner name on MSN).

Also, effective with the October 2004 systems release, when an intermediary or carrier receives a BOI reply trailer (29) that contains a Test/Production Indicator of "T," it shall ignore the MSN indicator on the trailer. Instead, the intermediary or carrier shall follow its existing procedures for inclusion of trading partner names on MSNs for those trading partners with whom it has existing TPAs.

When a COBA trading partner is in full production (Test/Production Indicator=P), the intermediary or carrier shall read the MSN indicator returned on the BOI reply trailer (29). If the intermediary or carrier receives an MSN indicator "N," it shall print its generic crossover message(s) on the MSN rather than including the trading partner's name. Examples of existing generic MSN messages include the following:

(For all COBA ID ranges other than Medigap)

MSN #35.1 - "This information is being sent to private insurer(s). Send any questions regarding your benefits to them."

(For the Medigap COBA ID range)

MSN#35.2- "We have sent your claim to your Medigap insurer. Send any questions regarding your Medigap benefits to them."

Beginning with the October 2004 systems release, contractors shall follow these procedures when determining whether to update its claims history to show that a beneficiary's claim was selected by CWF to be crossed over.

- 1) If the intermediary or carrier receives a BOI reply trailer (29) that contains a Test/Production Indicator "T," it shall not update its claims history to show that a beneficiary's claim was selected by CWF to be crossed over.*
- 2) If the intermediary or carrier receives a BOI reply trailer (29) that contains a Test/Production Indicator "P," it shall update its claims history to show that a beneficiary's claim was selected by CWF to be crossed over.*

Electronic Remittance Advice (835)/Provider Remittance Advice Crossover Messages

Beginning with the October 2004 release, when contractors receive a BOI reply trailer (29) that contains a "T" Test/Production Indicator, they shall not print information received from the BOI reply trailer (29) in the required crossover fields on the 835 Electronic Remittance Advice or other provider remittance advices that are in production. Contractors shall, however, populate the 835 ERA (or provider remittance advice(s) in production) with required crossover information when they have existing agreements with trading partners.

Beginning with the October 2004 release, when contractors receive a BOI reply trailer (29) that contains a "P" Test/Production Indicator, they shall use the returned BOI trailer information to take the following actions on the provider's 835 Electronic Remittance Advice:

- 2) Record code 19 in CLP-02 (Claim Status Code) in Loop 2100 (Claim Payment Information) of the 835 ERA (v. 4010-A1). [NOTE: Record "20" in CLP-02 (Claim Status Code) in Loop 2100 (Claim Payment Information) when Medicare is the secondary payer.]*
- 2) Update the 2100 Loop (Crossover Carrier Name) on the 835 ERA as follows:*
 - NM101 [Entity Identifier Code]—Use "TT," as specified in the 835 Implementation Guide.*
 - NM102 [Entity Type Qualifier]—Use "2," as specified in the 835 Implementation Guide.*
 - NM103 [Name, Last or Organization Name]—Use the COBA trading partner's name that accompanies the first sorted COBA ID returned to you on the BOI reply trailer.*
 - NM108 [Identification Code Qualifier]—Use "PI" (Payer Identification)*
 - NM109 [Identification Code]—Use the first COBA ID returned to you on the BOI reply trailer. (See line 24 of the BOI aux. file record*

If the 835 ERA is not in production and the contractor receives a “P” Test/Production Indicator, it shall use the information provided on the BOI reply trailer (29) to populate the existing provider remittance advices that it has in production.

CWF Sort Routine for Multiple COBA IDs

When a beneficiary’s claim is associated with more than one COBA ID (i.e., the beneficiary has more than one health insurer/benefit plan that pays after Medicare), CWF shall sort the COBA IDs and trading partner names in the following order on the returned BOI reply trailer (29): 1) Eligibility-based Medigap, 2) Supplemental, 3) TRICARE, 4) Others, and 5) Eligibility-based Medicaid. When two or more COBA IDs fall in the same range (see element 24 of the “Data Elements Required for the BOI Aux File Record” Table in chapter 27, §80.14 for more details), CWF shall sort numerically within the same range.

2. Medicare Summary Notice (MSN) and Electronic Remittance Advice (ERA) Crossover Messages During the Parallel Production Period

During the COBA parallel production period (July 6, 2004, to October 1, 2004): 1) CWF will only return an “N” MSN indicator on the BOI reply trailer (29), in accordance with information received via the COIF submission; 2) If a “Y” indicator is returned, the intermediary or carrier shall ignore it; and 3) the intermediary or carrier shall follow its existing procedures for the printing of MSN crossover messages.

During the COBA parallel production period, intermediaries and carriers shall follow their current procedures for the reporting of crossover claims information in CLP-02 (Claim Status Payment) and in the NM101, NM102, NM103, NM108, and NM109 segments of Loop 2100 of the provider *ERA*. They shall also continue with their current procedure for inclusion of COB trading partner names on other kinds of provider remittance advices that you have in production.

3. Business Rules for Receipt of a CWF BOI Reply Trailer When Other Indicators of Crossover Are Present

COBA Parallel Production Period

During the COBA parallel production period (July 6, 2004, to October 1, 2004), the intermediary or carrier shall observe the following business rules when it receives a BOI reply trailer 29 and some other indication of crossover eligibility:

If the intermediary or carrier receives a BOI reply trailer 29 with COBA IDs that fall in the ranges of 00001-89999, it shall continue to cross over claims a) per your existing TPAs and b) when Medigap or Medicaid information is reported on the claim. (NOTE: The preceding claim-based scenario does not apply to intermediaries.) In addition, the intermediary or carrier shall send claims for which it receives BOI reply trailers to the COBC on the 837 v4010A1 flat file or National Council for Prescription Drug Programs (NCPDP) file. (NOTE: The COBA trading partner will only be charged for the claims

that the intermediary or carrier continues to cross to it during the parallel production period.)

During the parallel production period, the intermediary or carrier shall not change its current procedures regarding suppression of Medicaid claims when a beneficiary has non-Medigap and/or Medigap insurance. The intermediary or carrier's Medicaid suppression logic should remain the same as today with its existing trading partners, even when it receives a BOI reply trailer that includes a Medicaid COBA ID.

Larger-Scale Implementation of the COBA Process

Beginning with the October 2004 release, intermediaries or carriers shall follow these rules when they receive a BOI reply trailer (29) that contains Test/Production Indicator "T" and there is some other indication of crossover eligibility:

If the contractor receives a BOI reply trailer (29) with COBA IDs that fall in the ranges of 00001-89999 (See Attachment A, element 24), it shall cross over claims 1) per its existing TPAs or 2) when Medigap or Medicaid information is reported on the claim (if that is how the carrier or DMERC currently crosses over claims to Medicaid). (NOTE: Claim-based crossover scenarios only apply to carriers and DMERCs.)

In addition, the contractor shall send claims for which it receives BOI reply trailer to the COBC on the 837 v4010A1 flat file or National Council for Prescription Drug Programs (NCPDP) file.

When a COBA trading partner is in test mode, the contractor shall not change its current procedures regarding suppression of Medicaid claims when a beneficiary has non-Medigap and/or Medigap insurance. The contractor's Medicaid suppression logic should remain the same as with current existing trading partners, even when you receive a BOI reply trailer (29) that includes a Medicaid COBA ID.

Beginning with the October 2004 release, contractors shall follow these rules when they receive a BOI reply trailer (29) that contains Test/Production Indicator "P" and there is some other indication of crossover eligibility:

- 1. If the intermediary or carrier receives a BOI reply trailer (29) with a COBA ID that falls in the Medigap eligibility-based range (30000-54999), it shall not cross over claims based on an existing Medigap TPA or when Medigap information is reported on the claim. Instead, the intermediary or carrier shall send the claim to the COBC (based on the BOI reply trailer 29) on the 837 v4010A1 flat file or NCPDP file for crossover by the COBC to the COBA trading partner. (NOTE: The assumption is that a beneficiary will have only one true Medigap insurer.)*
- 2. If the intermediary or carrier receives a COBA ID via a BOI reply trailer (29) that falls in the Supplemental range (00001-29999) and it has an existing TPA with a supplemental insurer for the beneficiary, it shall transmit the claim to the COBC for crossover to the COBA trading partner and cross the claim to your existing trading partner.*

3. *If the intermediary or carrier receives a COBA ID via a BOI reply trailer (29) that falls in the Supplemental range (00001-29999), and it also receives Medigap crossover information on the claim, it shall cross the claim to the Medigap insurer identified on the claim and transmit the claim to the COBC for crossover to the COBA trading partner based on the Supplemental COBA ID.*
4. *If the intermediary or carrier receives a COBA ID via a BOI reply trailer (29) that falls in the Medicaid range (70000-77999), it shall not cross over claims based on an existing Medicaid TPA or when Medicaid information is reported on the claim (if that is how the carrier or DMERC currently crosses over claims to Medicaid). Instead, the intermediary or carrier shall send the claim to the COBC (based on the BOI reply trailer 29) on the 837 v4010A1 flat file or NCPDP file for crossover by the COBC to the COBA trading partner.*
5. *If the intermediary or carrier receives a BOI reply trailer (29) that contains a Medicaid COBA ID (70000-77999) and it has an existing TPA with a supplemental insurer or Medigap insurer, it shall suppress the Medicaid claim from inclusion on the COB 837 flat file or NCPDP file and cross the claim to the supplemental insurer.*
6. *If the intermediary or carrier receives a BOI reply trailer (29) that contains a Supplemental COBA ID (00001-29999) or a Medigap eligibility-based COBA ID (30000-54999) and it has an existing TPA with Medicaid, it shall suppress its crossover to Medicaid but send the claim to the COBC.*

NOTE: *For the scenarios above, the trading partner shall be responsible for canceling any existing TPA that it has with the intermediary or carrier once it has signed a COBA with the Coordination of Benefits Contractor (COBC).*

C. Transmission of the COB Flat File or NCPDP File to the COBC

Regardless of whether a COBA trading partner is in test mode (Test/Production Indicator returned via the BOI reply trailer 29=T) or production mode (Test/Production Indicator returned via the BOI reply trailer 29=P), intermediaries or carriers shall transmit all non-NCPDP claims received with a COBA ID via a BOI reply trailer to the COBC in an 837 v.4010A1 flat file, as described in Transmittal AB-03-060. In a separate transmission, DMERCs shall send the claims received in the NCPDP file format to the COBC. Intermediaries and Carriers shall enter the 5-digit COBA ID picked up from the BOI reply trailer (29) in the 1000B loop of the NM1 segment in the NM109 field. In a situation where multiple COBA IDs are received for a claim, intermediaries and carriers shall send a separate 837 or NCPDP transaction to the COBC for each COBA ID. Intermediaries and carriers shall perform the transmission at the end of their regular batch cycle, when claims come off the payment floor, to ensure crossover claims are not processed by the COBA trading partner prior to Medicare's final payment. Transmission should occur via Network Data Mover (NDM) over AGNS (AT&T Global Network Services).

With respect to 837 COB flat file submissions to the COBC, carriers and DMERCs shall observe these process rules:

1. The following segments shall not be passed to the COBC:
 - a) ISA (Interchange Control Header Segment);
 - b) IEA (Interchange Control Trailer Segment);
 - c) GS (Functional Group Header Segment); and
 - d) GE (Functional Group Trailer Segment).

The 1000B loop of the NM1 segment denotes the crossover partner. If multiple COBA IDs are received via the BOI reply trailer, a separate 837 transaction should be submitted for each COBA ID received. As the crossover partner information will be unknown to the standard systems, the following fields should be formatted as indicated for the NM1 segment:

NM103—Use spaces; and

NM109—Include COBA ID (5-digit COBA ID picked up from the BOI reply trailer 29).

The 2010BA loop denotes the subscriber information. If available, the subscriber name, address, and policy number should be used to complete the NM1, N3, and N4 segments. If unknown, the segments should be formatted as follows, with COBC completing any missing information:

NM1 segment—For NM103, NM104, NM105, and NM107, use spaces;

NM1 segment—For NM109, include HICN;

N3 segment—Use all spaces; and

N4 segment—Use all spaces.

The 2010BB loop denotes the payer name. Per the HIPAA Implementation Guide (IG), this loop should define the secondary payer when sending the claim to the second destination payer. Consequently, given that the payer related to the COBA ID will be unknown by the standard systems, the NM1, N3, and N4 segments should be formatted as follows, with COBC completing any missing information:

NM1 segment—For NM103, use spaces;

NM1 segment—For NM109, include the COBA ID (5-digit COBA ID picked up from the BOI reply trailer 29);

N3 segment—Use all spaces; and

N4 segment—Use all spaces.

The 2330B loop denotes other payers for the claim. If multiple COBA IDs are returned via the BOI reply trailer, payer information for the additional COBA IDs will be unknown. As with the 2010BB loop, the NM1 segment should be formatted as follows, with COBC completing any missing information:

NM103—Use spaces; and

NM109—Include COBA ID (5-digit COBA ID picked up from the BOI reply trailer 29).

The 2330B loop shall be repeated to allow for the inclusion of the name (NM103) and associated Trading Partner ID (NM109) for each existing trading partner.

The 2320 loop denotes other subscriber information. Within the SBR segment, the SBR03 and SBR04 segments are used to define the group/policy number and insured group name, respectively. If the information is available for these fields, those values should be propagated accordingly for both current trading partners and COBA trading partners. The COBC will inspect these values for COBA related eligibility based claims and overlay as appropriate. Spaces should only be used for COBA-related situations.

---SBR01—Treat as normally do.

With respect to 837 COB flat file submissions to the COBC, intermediaries shall observe these process rules:

As the ISA, IEA, and GS segments are included in the '100' record with other required segments, the '100' record must be passed to the COBC. However, as the values for these segments will be recalculated, spaces may be placed in all of the fields related to the ISA, IEA, and GS segments.

The 1000B loop of the NM1 segment denotes the crossover trading partner. If multiple COBA IDs are received via the BOI reply trailer, a separate 837 transaction should be submitted for each COBA ID received. As the crossover trading partner information will be unknown to the standard systems, the following fields should be formatted as follows for the NM1 segment on the '100' record:

NM103—Use spaces; and

NM109—Include COBA ID (5-digit COBA ID picked up from the BOI reply trailer 29).

The 2010BA loop denotes the subscriber information. If available, the subscriber name, address, and policy number should be used to complete the NM1, N3, and N4 segments. If unknown, the segments should be formatted as follows for the '300' record, with COBC completing any missing information:

NM1 segment – For NM103, NM104, NM105, and NM107, use spaces;

NM1 segment—For NM109, include HICN;

N3 segment—Use all spaces; and

N4 segment—Use all spaces.

The 2010BC loop denotes the payer name. Per the HIPAA IG, this loop should define the secondary payer when sending the claim to the second destination payer. Consequently, since the payer related to the COBA ID will be unknown to the standard systems, the NM1, N3, and N4 segments should be formatted as follows for the ‘300’ record, with COBC completing any missing information:

NM1 segment—For NM103, use spaces;

NM1 segment—For NM109, include COBA ID (5-digit COBA ID picked up from the BOI reply trailer 29);

N3 segment—Use all spaces; and

N4 segment—Use all spaces.

The 2330B loop of the ‘575’ record denotes other payers for the claim. If multiple COBA IDs are returned via the BOI reply trailer, payer information for the additional COBA IDs will be unknown. As with the 2010BC loop, the NM1 segment should be formatted as follows, with COBC completing any missing information:

NM103—Use spaces; and

NM109—Include COBA ID (5-digit COBA ID picked up from the BOI reply trailer 29).

The 2330B loop shall be repeated to allow for the inclusion of the name (NM103) and associated Trading Partner ID (NM109) for each existing trading partner.

The 2320 loop denotes other subscriber information. Within the SBR segment, the SBR03 and SBR04 segments are used to define the group/policy number and insured group name, respectively. If the information is available for these fields, those values should be propagated accordingly for both current trading partners and COBA trading partners. The COBC will inspect these values for COBA related eligibility based claims and overlay as appropriate. Spaces should only be used for COBA-related situations.

---SBR01—Treat as normally do.

D. COBC Processing of COB Flat Files or NCPDP Files

When an intermediary or carrier receives the reject indicator “R” via the Claims Response File, it is to retransmit the entire file to the COBC. If the intermediary or carrier receives an acceptance indicator “A,” this confirms that its entire COB flat file or NCPDP file transmission was accepted. Once COB flat files or NCPDP files are

accepted and translated into the appropriate outbound format(s), COBC will cross the claims to the COBA trading partner. The format of the Claims Response File that will be returned to each intermediary or carrier by the COBC, following its COB 837 flat file or NCPDP file transmission, appears in the table below.

Claims Response File Layout (80 bytes)				
Field	Name	Size	Displacement	Description
1.	Contractor Number	5	1-5	Contractor Identification Number
2.	Transaction Set Control Number/Batch Number	9	6-14	Found within the ST02 data element from the ST segment of the ANSI 837 flat file or in field 806-5C from the batch header of the NCPDP file.
3.	Number of claims	9	15-23	Number of Claims contained in the ANSI 837 flat file or NCPDP file. This is a numeric field that will be right justified and zero-filled.
4.	Receipt Date	8	24-31	Receipt Date of ANSI 837 flat file or NCPDP file in CCYYMMDD format
5.	Accept/Reject indicator	1	32	Indicator of either the acceptance or rejection of the ANSI 837 flat file or NCPDP file. Values will either be an "A" for accepted or "R" for rejected.
6.	Filler	48	33-80	Spaces

Claims response files will be returned *to contractors* after receipt and initial processing of a claim file. Thus, for example, if an intermediary or carrier sends a COB flat file daily, the COBC will return a claim response file to that contractor on a daily basis.

COB 837 flat files and NCPDP files that will be transmitted by the intermediary or carrier to the COBC will be assigned the following file names, *regardless of whether a COBA trading partner is in test or production mode:*

PCOB.BA.NDM.COBA.Cxxxxx.PARTA(+1) [Used for Institutional Claims]

PCOB.BA.NDM.COBA.Cxxxxx.PARTB(+1) [Used for Professional Claims]

PCOB.BA.NDM.COBA.Cxxxxx.NCPDP(+1). [Used for Drug Claims]

Note that “xxxxx” denotes the Medicare contractor number.

Intermediaries or carriers shall perform the 837 flat file and NCPDP file transmission at the end of the regular batch cycle, when claims come off the payment floor, to ensure crossover claims are not processed by the COBA trading partner prior to Medicare’s final payment.

Files transmitted by the intermediary, carrier, or DMERC to the COBC shall be stored for 51 business days from the date of transmission.

The file names for the Claims Response File returned to the intermediary or carrier will be created as part of the NDM set-up process.

Outbound COB files transmitted by COBC to the COBA trading partners will be maintained for 50 business days following the date of transmission.

E. The Future COBA Claim-Based Process Involving CWF

The CWF shall load the initial COIF submission from COBC as well as all future updates that pertain to claim-based Medigap insurers and State Medicaid Agencies.

Once claim-based crossover becomes effective in the future, CWF shall only search the COIF if the carrier or DMERC has included a claim-based Medigap ID (55000-59999) or claim-based Medicaid ID (78000-79999) in field 36 of the HUBC or HUDC query. During the parallel production period (July 6, 2004, to October 1, 2004) and until the future implementation date for the claim-based COBA crossover process, CWF shall ignore claim-based COBA ID values if entered in field 36 of the HUBC or HUDC query.

Beginning with the implementation of the COBA claim-based crossover process, if claim-based COBA IDs are entered in field 36 of the HUBC or HUDC query, CWF shall:

Search the COIF to locate the claim-based Medicaid and/or Medigap COBA ID and corresponding COBA trading partner name;

Apply the Medigap claim-based trading partner’s claims selection criteria;

Return a Claim-based reply trailer 37 that includes values for claim-based COBA ID (sorted by Medigap, then Medicaid), COBA Trading Partner Name, and MSN Indicator when a claim-based COBA ID is found on the COIF and the claim is to be sent to the COBC to be crossed over;

Return an alert code 7704 on the “01” response via a Claim-based alert trailer 21 to the carrier or DMERC if a claim-based COBA ID in the Medigap claim-based range (55000-59999) is not located on the COIF;

Return nothing to the carrier of DMERC if a Medicaid claim-based COBA ID (78000-79999) is not found on the COIF.

F. COBA Claim-Based Crossover Process

Until further notice from CMS, carriers and DMERCs shall not cease their existing claim-based Medigap and/or Medicaid crossover processes. Carriers and DMERCs will receive COBA claim-based crossover requirements as part of a future instruction.

G. Transition to the National COBA and Customer Service Issues

1. Maintenance of Current Crossover Processes, Including Entry into New Claims Crossover Agreements (also known as Trading Partner Agreements or TPAs)

Intermediaries and carriers shall keep their present crossover process in place, including invoicing for claims crossed to current trading partners, as described in Pub. 100-6, Financial Management, chapter 1, §450 and §460, until each of their present trading partners has been transitioned to the COBA process. As trading partners are signed on to national COBAs, they will be advised that it is their responsibility to simultaneously cancel current agreements with intermediaries and carriers and to cease submission of eligibility files. (NOTE: During the parallel production period, the COBA trading partner will be instructed by CMS to not cancel current TPAs with you.) By current estimates, CMS expects to complete the transition of current eligibility file-based trading partners to COBAs by April 30, 2005.

Given CMS's initial plans for a small-scale implementation of the COBA process on July 6, 2004, you shall continue to execute new crossover agreements (Trading Partner Agreements or TPAs) for trading partners that wish to go into live production by August 1, 2004. These new TPAs and extensions of existing TPAs shall allow for future termination no later than April 30, 2005. Trading partners that either wish to go into live crossover production after August 1, 2004, or have current questions regarding the COBA process shall be referred to the COBC at 1-800-999-1118.

2. Workload Reporting In Light of COBA

For workload reporting purposes, intermediaries and carriers shall provide counts for those claims that they individually cross to current trading partners (including Medicaid), just as they currently do in CAFM II and in CROWD. Intermediaries and carriers shall separately track claims transmitted to the COBC for crossover to the COBA trading partners for future reporting requirements by COBA ID.

3. Customer Service

A. COBA Parallel Production

During the parallel production period (July 6, 2004, to October 1, 2004), the intermediary and carrier shall proceed with its current claims crossover customer service process. In addition, the intermediary or carrier's claims history shall not be updated with crossover information based upon the receipt of a CWF BOI reply trailer 29.

B. Updating of the HIMR Detailed History Screens By CWF and the Larger Scale Implementation of COBA

Effective with the October 2004 release, when a COBA trading partner is in production mode (Test/Production Indicator=P), CWF shall annotate each processed claim on detailed history within the Health Insurance Master Record (HIMR) with an indicator that will inform all users of the claim's crossover status. (See Pub.100-4, chapter 27, §80.15 for more information.). CWF shall allow for repeating of the application of crossover disposition indicators for up to ten (10) COBA IDs.

In addition, CWF shall annotate each processed claim with a 10-position COBA ID (5-digit COBA ID preceded by 5 zeroes) to identify the entity to which the claim was crossed or not crossed, in accordance with the COBA.

CWF shall not annotate processed claims on the detailed history screens in HIMR when a COBA trading partner is in test mode (Test/Production Indicator=T).

*Effective with the October 2004 systems release, when a COBA trading partner is in production mode, the intermediary or carrier's customer service personnel shall answer provider/supplier and beneficiary questions about a claim's crossover status by referring to your internal claims history. In addition, the intermediary or carrier's customer service staff shall access information regarding why a claim did not cross by referring to the detailed history screens on HIMR (e.g., INPH, OUTH, HOSH, PTBH, DMEH, and HHAH). [See chapter 27, §80.15 of the Medicare Claims Processing Manual for a listing of all claims crossover disposition indicators.] *These screens will also display indicator "A" when a claim was selected by CWF to be crossed over to the COBA ID shown. The BOI auxiliary file will identify the name associated with the COBA ID. Such information may also be available to contractor customer service staff via the Next Generation Desktop (NGD) application.**

The CWF maintainer will issue instructions on the use of the new HIMR screens as part of the October 2004 release.