Program Memorandum
Intermediaries/Carriers

Department of Health and Human Services (DHHS)

HEALTH CARE FINANCING ADMINISTRATION (HCFA)

Transmittal AB-00-92

Date: OCTOBER 3, 2000

CHANGE REQUEST 1175

This Program Memorandum (PM) supercedes AB-00-31, dated May 2000.

SUBJECT: **Sending Common Working File (CWF) Referrals for Initial Enrollment Questionnaire (IEQ) and IRS/SSA/HCFA Data Match Records to the Coordination of Benefits (COB) Contractor**

Current instructions say, when you have evidence that the Medicare Secondary Payer (MSP) effective date on the CWF MSP Auxiliary File is incorrect and you have established the record (that is, you are the originating contractor), you are to delete the auxiliary record containing the incorrect MSP effective date using an MSP delete transaction. You then submit a CWF MSP maintenance transaction with the correct MSP effective date to establish a new auxiliary record. When you are not the originating contractor, you must request that the originating contractor take this action. This includes records established by the current IEQ contractor and Data Match contractor. Currently, within certain limitations you may only add, not change, a termination date for MSP auxiliary records established by the Data Match contractor. Requests to change existing termination dates originated with contractor number 77777 must be sent to the Data Match contractor.

As of April 3, 2000, the COB contractor will be taking over IEQ and Data Match operations. When you cannot change the auxiliary record based on the above guidance, request that the COB contractor, using CWF MSP Assistance Request (attached), change the MSP effective date or termination date. Submit documentation to substantiate the change to the COB contractor.

Submit the Assistance Request and supporting documentation to the following address:

> MEDICARE - Coordination of Benefits Contractor
> CWF Coordination Unit
> P.O. Box 125
> New York, NY 10274-0125

Refer to Change Request 1163 for current and future IEQ and Data Match contractor numbers.

This instruction does not change the process currently in place for handling Data Match CWF Assistance Requests. This instruction provides a new address to which these requests should be sent and applies the same process to Initial Enrollment Questionnaire CWF Assistance Requests.

Allow 15 days for the COB contractor to respond to your request. After 15 days, telephone the COB contractor to determine the reason for the delay. You may call the COB Contractor Customer Service number at 1-800-999-1118.

For high priority requests (e.g., Congressional inquiries, second requests), contact the COB contractor at (646) 458-6600. Do not use this telephone number for any reason other than to discuss high priority CWF Assistance Requests for IEQ and Data Match issues.

The instructions contained in this PM are effective from April 10, 2000, through October 31, 2000. This process has been extended to accommodate for unexpected delays in the implementation of ECRS version 1.0 as found in CR 1163. The ECRS CWF referral process should be followed on and after November 1, 2000. If you have the ability to use ECRS software version 1.0 before November 1, you should discontinue this CWF paper referral process.

HCFA-Pub. 60AB

The *effective date* for this PM is April 10, 2000.

The *implementation date* for this PM is May 1, 2000.

These instructions should be implemented within your current operating budget.

This PM may be discarded after November 1, 2000.

If you have any questions, contact your regional office MSP coordinator.

Attachment

Notice To: Referring Contractor:
MEDICARE - Coordination of Benefits Contractor   Name
Attn: CWF Coordination Unit   Address
P.O. Box 125
New York, NY 10274-0125

                                                                        Telephone#
                                                                        Referring Contractor ID#

[ ] CHECK IF SECOND REQUEST

CHECK ONE BELOW:
[ ] IEQ related (Originating Contractor# 99999 or 11101)
[ ] Data Match related (Originating Contractor# 77777 or 11102)

PLEASE RESPOND WITHIN 15 DAYS OF DATE OF RECEIPT

Date: _____
Beneficiary: _____ HICN: _____ DOB: _____ SEX:
Address:

Insurance Group Name (HUSP Field #41)
(***NOTE for HUSP Field #41**: For **Originating Contractor 99999 and 11101** this field may be left
blank, but for **Originating Cont 77777 and 11102** this field will contain a number. For those records
with **Originating Cont 77777 or 11102**, please provide that 9-digit number.)

Subscriber Last Name (HUSP Field #31) :
Subscriber First Name (HUSP Field #30) :
Employee ID Number (HUSP Field #32) :

Please refer to the MSP data contained on HIMR-MSPA for the above-named beneficiary. Your office
is the Originating Contractor for the MSP occurrence(s)_____.
Source Code: _____. DOA: _____.

Action is required for the items indicated below. Please check the applicable item(s).
_____ Please provide a copy of Data Match Questionnaire.
_____ Please change termination date to _____.
            (CONTRACTORS: Please attach documentation if available.)
_____ Update record with _____ as termination date.
            (SP57 CWF Error Code situation)
_____ Change in Medicare entitlement (from Disabled to Aged).
            PLEASE SPECIFY IN COMMENTS FIELD BELOW.
_____ Family coverage error. Policy is worker only since _____ .
_____ Invalid data provided by employer.
            PLEASE SPECIFY IN COMMENTS FIELD BELOW.
_____ Identified worker has taken a Vow of Poverty. By law, in Vow of Poverty Cases, Medicare is
            primary beginning 1/1/83.
_____ Other. **PLEASE SPECIFY IN COMMENTS FIELD BELOW.**

Comments: