

Program Memorandum Intermediaries/Carriers

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

Transmittal AB-03-125

Date: AUGUST 15, 2003

CHANGE REQUEST 2836

SUBJECT: Consolidation of Claims Cross-over Process

I. GENERAL INFORMATION

A. Background: CMS has decided to streamline the claims crossover process to better serve our customers. Insurer entities that are eligible to receive Medicare paid claims data directly from CMS for purposes of calculating their secondary liability will no longer have to sign separate agreements with individual Medicare contractors. Likewise, they will not need to prepare and send separate eligibility files to individual contractors nor receive individual claims crossover files.

B. Policy: Insurer entities will be transitioned from the current trading partner agreement process to new agreements called Coordination of Benefits Agreements (COBA). These agreements will be entered into directly between CMS and COBA partners. These agreements will be negotiated by the Coordination of Benefits Contractor (COBC) and will provide for COBA partners to send one national eligibility file to the COBC. COBC will transmit the eligibility files to CWF via the maintenance transaction specified in Attachment A (CWF requirements for establishing a Beneficiary Other Insurance (BOI) record, which was previously implemented). When CWF receives claims with service dates that fall between the effective and termination dates of one or more BOI records, a BOI trailer (Attachment C) will be generated containing other insurance information and attached to the basic claim reply record. CMS will provide a recovery process to handle situations where an eligibility file is not received or loaded timely at the COBC site or when a beneficiary is, mistakenly, not included in the COBA trading partner eligibility files.

C. Phase I of this transmittal will include analysis, design and programmer coding for the January 2004 System Release. **Phase II** of this transmittal will include testing and address any additional programmer coding or other specifications necessary as a result of testing. Phase II will be completed with the April 2004 System Release.

II. BUSINESS REQUIREMENTS

Requirement #	Requirements	Responsibility
1	COBC shall send each data center a copy of the COBA Insurance File. This file will contain all of the terms and conditions associated with each signed COBA. COBC will transmit this file via NDM over the AGNS network on a weekly basis. The COBC contractor will contact each contractor's data center to determine transmission requirements. This file should be treated as a full file replacement.	Intermediaries and Carriers

2	When a CWF claim reply is received that has a BOI trailer attached, Medicare contractors shall query the newly established COBA Insurance File (Attachment B), using the COBA ID, to reference the claims selection options associated with that COBA.	Intermediaries and Carriers
3	<p>After determination of claims to be crossed, contractors shall transmit all crossed claims in the 837 v4010A1 flat file as described in Transmittal AB-03-060. The COBA ID's information should be provided in the 1000B loop within in the NM1 segment. The transmission should be performed at the end of the regular batch cycle, coordinated with the payment floor to ensure crossover claims are not processed by the trading partner prior to Medicare final payment, and transmitted via NDM over the AGNS network.</p> <p>Upon receipt of the transmitted crossed claims, COBC will initially edit the file and return a flat file of responses to the contractors indicating the number of claims received and acceptance of all. The entire file that contains any transmission errors will be returned with a request for retransmission.</p>	Intermediaries and Carriers COBC
4	Contractors shall keep their present crossover process in place until each of their present trading partners has been transitioned to COBA. As trading partners are signed on to national COBA agreements, Contractors will be notified and simultaneously, trading partners will cease to send eligibility files to contractors. The transition is expected to take approximately nine months after the implementation date of this instruction.	Intermediaries and Carriers
5	Effective with the implementation of this instruction, insurers wishing to negotiate crossover agreements should be referred to COBC.	Intermediaries and Carriers
6	Contractor customer service personnel should answer provider and beneficiary questions about an individual's crossover status by referring to the beneficiary BOI screen on HIMR.	Intermediaries and Carriers
7	For workload reporting, contractors shall provide separate counts for claims they cross and claims sent to COBC for crossover.	Intermediaries and Carriers
8	No crossover process will change for the contractor for claim-based Medigap or for claims submitted based on current trading partner agreements with the contractor until a BOI trailer is received with a COBA number. When the BOI trailer is received, the COBA number will identify the type of crossover, e.g., Medigap, Supplemental (see block 24 of Attachment B). The COBA number received on the BOI trailer will fall within the range of numbers listed in the remarks in Block 24 and will identify the COBA trading partner. There may be a five-digit	Intermediaries and Carriers

	<p>prefix (which may be all zeroes) but the contractor is only responsible for picking up the last 5 digits within these ranges which will be right justified in the COBA number field."</p> <p>The assumption is that a beneficiary will have only one true Medigap insurer. When the BOI trailer is received, the contractor shall cease the use of the associated internal eligibility files used to cross claims to the submitter of the eligibility file.</p>	
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III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
1	COBC will accumulate claims files from all contractors and consolidate them into one file per COBA agreement.
2	COBC will send crossed claims to insurer entities on a timeframe defined within the COBA agreement.
3	CMS will arrange for invoicing COBA partners for crossover fees.

B. Design Considerations: NA

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: NA

D. Contractor Financial Reporting /Workload Impact: NA

E. Dependencies: NA

F. Testing Considerations: NA

IV. ATTACHMENT(S): 3

- ATTACHMENT A Common Working File (CWF) Beneficiary Other Insurer (BOI) Auxiliary (aux) File
- ATTACHMENT B COBA Insurance File
- ATTACHMENT C CWF BOI Trailer Requirements

<p>Version:</p> <p>Implementation Date: January 1, 2004 & April 1, 2004</p> <p>Discard Date: April 30, 2005</p> <p>Post-Implementation Contact: Donna Kettish 410-786-5462</p>	<p>Effective Date: January 1, 2004 and April 1, 2004</p> <p>Funding: These instructions should be implemented within the current operating budget.</p> <p>Pre-Implementation Contact: Harry Gamble 410-786-5787</p>
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Common Working File (CWF) Beneficiary Other Insurer (BOI) Auxiliary (aux) File

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

The CWF maintainer will:

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

Data Elements Required for the BOI Aux File Record

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

DATA ELEMENT	REMARKS
19. Insurer's Zip Code	Insurer's zip code
20. Policy Number	Insurer's policy number of insured
21. Insurance Effective Date	Effective date of insurance coverage (CCYYMMDD) One or more occurrences (Mandatory)
22. Insurance Termination Date	Termination date of insurance coverage (CCYYMMDD) One or more occurrences (Mandatory, if applicable)
23. Identifier Number Assigned by Supplemental Insurer	Number assigned to insured by supplemental insurer
24. Coordination of Benefits Agreement (COBA) number	COBA number assigned to other insurer's agreement by COB contractor/numbers will be right justified. Supplemental 00001-29999 Medigap 30000-59999 Tricare 60000-69999 Medicaid 70000-79999 Others 80000-89999 Unassigned 90000-99999 (Mandatory)
25. National Health Plan Identifier (PlanID)	PlanID assigned to the insurer (Mandatory when available)
26. Other Insurer Number	Other number assigned to an insurer by an FI or carrier under a former trading partner agreement One of more occurrences

Field	Start	Length	End	Description
COBA ID	1	10	10	Unique identifier for each COB Agreement
COBA Name	11	40	50	Name of COBA
COBA Address 1	51	40	90	Address 1 of COBA
COBA Address 2	91	40	130	Address 2 of COBA
COBA City	131	25	155	Address city of COBA
COBA State	156	2	157	Postal State Abbreviation of COBA
COBA Zip	158	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 100 Deduct	169	1	169	Original claims paid at 100% subject deductible
Orig >100	170	1	170	Original claims paid at greater than 100% of submitted charge
100% Denied	171	1	171	100% denied claims
Duplicate Denied	172	1	172	Duplicate denied claims
Adjusted	173	1	173	Adjusted claims
Adjusted Non-Monetary	174	1	174	Adjusted non-monetary/statistical claims
MSP	175	1	175	MSP claims
No Adt'l Bene Liability	176	1	176	No additional beneficiary liability
No Adt'l Bene Liability Other Than Co-Ins. and Deductible	177	1	177	No additional beneficiary liability other than co-insurance and deductible
Filler	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
Clinic Rural Health	198	1	198	TOB 71 - Clinic: Rural Health
Clinic Freestanding Dialysis	199	1	199	TOB 72 - Clinic: Freestanding Dialysis
Clinic Outpatient Rehab	200	1	200	TOB 74 - Clinic: Outpatient Rehabilitation Facility
Clinic CORF	201	1	201	TOB 75 - Clinic: Comprehensive Outpatient Rehabilitation Facility (CORF)
Clinic Comp Mental Health	202	1	202	TOB 76 - Clinic: Comprehensive Mental Health Clinic
Clinic Fed Health Center	203	1	203	TOB 73 - Clinic: Federally Qualified Health Center
Clinic Other	204	1	204	TOB 79 - Clinic: Other
Ambulatory Surgical Ctr	205	1	205	TOB 83 - Special Facility: Ambulatory Surgical Center
Primary Care Hospital	206	1	206	TOB 85 - Primary Care Hospital
Religious Non-Med Hospital	207	1	207	TOB 41 - Christian Science/Religious Non-Medical Services (Hospital)
Religious Non-Med Extended	208	1	208	TOB 51 - Christian Science/Religious Non-Medical Services (Extended Care Facility or Skilled Nursing Facility)

Home Health B	209	1	209	TOB 32 - Home Health: Part B Trust Fund
Home Health A	210	1	210	TOB 33 - Home Health: Part A Trust Fund
Home Health Outpatient	211	1	211	TOB 34 - Home Health: Outpatient
SF Hospice Non-Hospital	212	1	212	TOB 81 - Special Facility: Hospice Non-Hospital
SF Hospice Hospital	213	1	213	TOB 82 - Special Facility: Hospice Special Facility: Hospice Hospital
Filler	214	10	223	Future

Medicare Contractor Inclusion/Exclusion

Specific contractors may be included or excluded by specifying the Inclusion/Exclusion type.

Inclusion/Exclusion Type	224	1	224	Indicates whether contractors are to be included or excluded (I - Inclusion or E - Exclusion)
Contractor ID	225	250	474	Specific contractors to be included or excluded occurs 50 times

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 numbers or provider states.

Inclusion/Exclusion Type	475	1	475	Indicates whether providers are to be included or excluded (I - Inclusion or E - Exclusion)
Provider Qualifier	476	1	476	Indicates whether providers are identified by state or by provider ID (P - Provider number or S - Provider state)
Provider ID/Provider State	477	650	1126	Specific providers Ids or provider states to be included or excluded occurs 50 times
Filler	1127	10	1136	Future

CWF BOI Trailer Requirements

Attachment C

Requirement 9

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

Trailer Format: CUTELX29

01 HUBO-TRAILER.

05 HUBO-TRLR-CODE PIC 9(02).

05 HUBO-TRLR-OCCURENCES PIC 9(02).

05 HUBO-TRAILER-DATA OCCURS 1 TO 10 TIMES
DEPENDING HUBO-TRLR-OCCURENCES
INDEXED HUBO-TRLR-INDEX.

10 HUBO-COBA-NUMBER PIC X(10).

Requirement 10 (THE NEW '29' TRAILER WILL ONLY BE RECEIVED
IN CWF TESTING AT THIS TIME)

The '29' Trailer will be returned only when the HUIP,
HUOP, HUHH, HUHC, HUBC, or HUDC record receives an '01'
disposition, and the Beneficiary has a BOI Auxiliary file.

CWF will return the '29' Trailer after the BOI Auxiliary
file is searched, and an occurrence is found with an open
Effective Date that matches the Date of Service of the
incoming record.

CWF will also return the '29' Trailer after the BOI
Auxiliary file is searched, and an occurrence is found
with an Effective and Termination Date, and the Date
of Service of the incoming record is within the
date spans of the BOI occurrences.

Requirement 11 identifies what will be returned on the BOI trailer.

Requirement 11 (THE NEW TRAILER MASK THAT REFLECTS
THE '29' TRAILER WILL ONLY DISPLAY
IN CWF TESTING AT THIS TIME)

REPORT: FFCHG020 FREEFORM TEXT

CWF will display the applicable number of occurrences
from the BOI Auxiliary file in the CWF Response File
Trailer Mask. A maximum of ten '29' Trailers will be
displayed.