SUBJECT: Development of a Coordination of Benefits Agreement (COBA) Auxiliary File and Modification of the Health Insurance Portability and Accountability Act (HIPAA) 837 Coordination of Benefits (COB) Flat File and National Council for Prescription Drug Programs (NCPDP) File

I. SUMMARY OF CHANGES: Through this change request, CMS will require the Common Working File system maintainer to develop an auxiliary file on the Health Insurance Master Record that displays each COBA trading partner's claims selection options. The new auxiliary file will allow only Medicare fee-for-service contractors to view each COBA trading partner's claims selection options, regardless of whether the trading partner is in test or production crossover mode with the Coordination of Benefits Contractor (COBC). Physicians, suppliers, and providers, and those who bill for them, shall not be able to view or access the new auxiliary file. This presents no impact to these entities, since they do not have access to such information through the existing claims crossover process.

Contractor systems will also be required to populate their 837 HIPAA COB flat file and NCPDP file, both of which are sent to the COBC for crossover, with a unique 21-digit identifier.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: April 1, 2005
                                IMPLEMENTATION DATE: April 4, 2005

II. CHANGES IN MANUAL INSTRUCTIONS: (*N/A if manual not updated.*)

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

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

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

*Unless otherwise specified, the effective date is the date of service.

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 130	Date: December 17, 2004	Change Request 3614

SUBJECT: Development of a Coordination of Benefits Agreement (COBA) Auxiliary File and Modification of the Health Insurance Portability and Accountability Act (HIPAA) 837 Coordination of Benefits (COB) Flat File and National Council for Prescription Drug Programs (NCPDP) File

I.   GENERAL INFORMATION

A.   Background: Through the issuance of Transmittals 138 and 158, Medicare contractors received copies of the Coordination of Benefits Agreement Insurance File (COIF) as part of the operating instructions. The COIF denotes the types of claims that COBA trading partners wish to have either excluded or included from the national consolidated crossover process. In addition, as detailed in Transmittal 158, the Common Working File (CWF) will display claims crossover disposition indicators on the Health Insurance Master Record (HIMR) detailed history screens once a COBA trading partner is moved to production status with the Coordination of Benefits Contractor (COBC). Contractors also received guidance regarding completion of various data elements within their HIPAA 837 COB flat files and NCPDP files, which are transmitted to the COBC as part of the consolidated crossover process.

B.   Policy: The CWF maintainer shall develop a new auxiliary file on HIMR that displays each COBA trading partner's claims selection options. Medicare fee-for-service contractors shall be able to view this file regardless of whether a COBA trading partner is in test or production mode with the COBC. Physicians, suppliers, and providers, and those who bill for them, shall not be able to view or access the new auxiliary file. This presents no impact to these entities, since they do not have access to such information through the existing claims crossover process. Contractor systems shall create a unique 21-digit identifier within their 837 COB flat files and NCPDP files that are transmitted to the COBC.

C.   Provider Education: None.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3614.1	CWF shall develop a new auxiliary file on HIMR that displays all COBA claims selection options, as derived from the most current version of the COBA Insurance File (COIF) [See Attachment A].

The CWF maintainer shall ensure that Medicare fee-for-service contractors can determine from the new auxiliary file which COBA crossover claims selection options are included and which are excluded by the COBA trading partner. In addition, the CWF maintainer shall ensure that the auxiliary file is viewable by Medicare fee-for-service contractors regardless of whether a COBA trading partner is in test or production mode with the COBC. Physicians, suppliers, and providers, and those who bill for them, shall not have the ability to view or access the new COBA auxiliary file. | | | | | | | | X | |
| 3614.2 | All Medicare fee-for-service contractor claims processing systems shall interface with the new COBA auxiliary file on HIMR. | | | | | X | X | X | | |
| 3614.3 | All Medicare fee-for-service contractors shall reference the new COBA auxiliary file for general beneficiary and provider inquiries relating to a specific COBA trading partner's claims selection options elected under the national consolidated crossover program. If your customer service representatives (CSRs) happen to receive more detailed questions concerning the appropriateness or correctness of the COBA trading partner's selection options, the CSRs shall advise the caller to discuss the | X | X | X | X | | | | | |

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
	matter with the trading partner. The COBA trading partner, in turn, will discuss problems with claims selection options with the COBC. Questions regarding a COBA trading partner's claims selection options received from the trading partner shall be directed to the COB Contractor (COBC) at 1-646-458-6740. The Medicare contractor customer service staff shall handle questions regarding claims selection options that are received from a beneficiary or his or her physician/supplier/provider.									
3614.4	Medicare fee-for-service contractor systems shall populate the BHT 03 (Beginning of Hierarchial Transaction Reference Identification) portion of their 837 COB flat files that are sent to the COBC for crossover with a 21-digit unique file identifier. The identifier shall be formatted as follows: **Contractor number** (9-bytes; until the 9-digit contractor number is used, report the 5-digit contractor number, left justified, with spaces for the remaining 4 positions.) **Julian date as YYDDD** (5-bytes;) **Sequence number** (5-bytes; this number begins with "00001," and the counter is incremented for each file produced for the contractor number on a given julian date.) **Data Center ID** (2-bytes; a two-digit numeric value assigned by each Data Center) The 21-digit unique file identifier shall be left-justified in BHT-03 with spaces used for the remaining 9 positions. (**NOTE:** The file identifier is unique inasmuch as no two files should ever contain the exact same combination of numbers.)					X	X	X		

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3614.5	For NCPDP claims sent to the COBC for crossover, the DMERC system shall also adopt the unique identifier format specified in requirement 4, above, but shall include the 21-digit identifier in field 504-F4 (Message) within the NCPDP file. The DMERC system shall populate the new identifier, left-justified, in the field. Spaces shall be used for the remaining bytes in the field.							X		

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

Effective Date*: April 1, 2005 **Implementation Date:** April 4, 2005 **Pre-Implementation Contact(s):** Brian Pabst (410-786-2487) and Donna Kettish (410-786-5462) **Post-Implementation Contact(s):** Brian Pabst (410-786-2487) and Donna Kettish (410-786-5462)	**Medicare contractors shall implement these instructions within their current operating budgets.**

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Attachment

COBA INSURANCE FILE

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	177	1	177	National Council Prescription Drug Program Claims
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
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)