



## CSR Inquiry Assistance

Related Medlearn Matters Article #: MM4231

Date Posted: February 17, 2006

Related CR #: 4231

### *Termination of the Existing Eligibility File-Based Crossover Process at All Medicare Contractors*

#### Key Words

MM4231, CR4231, termination, eligibility, file-based, crossover, process, Medicare, contractors

#### Provider Types Affected

Physicians, suppliers, and providers billing Medicare carriers, including durable medical equipment regional carriers (DMERCs) and/or fiscal intermediaries (FIs), including regional home health intermediaries (RHHIs), for services to Medicare beneficiaries

#### Key Points

- The effective date of the instruction is January 9, 2006.
- The impact of CR4231 is primarily on the Centers for Medicare & Medicaid Services (CMS) trading partners.
- Medlearn Matters article MM4231 is *primarily informational* for providers to inform them of the potential for changes in how their claims are forwarded to CMS trading partners for coordination of benefits activities.
- CMS will discontinue the current **eligibility** file-based crossover process effective January 3, 2006, and CR4231 outlines the processes that Medicare contractors must follow when trading partners request a waiver to enable them to move into crossover production with the CMS Coordination of Benefits Contractor (COBC) beyond January 3, 2006.
- *Trading Partner* is defined as an issuer of an insurance policy that supplements Medicare or a State agency responsible for administration of Title XIX of the Social Security Act.
- Trading Partner is also defined as a federal agency, or contractor thereof, that administers and provides health care benefits for its eligible beneficiaries or an entity working under contract with a self-insured employer plan or an insurer to adjudicate claims and perform other insurance functions.
- A Trading Partner does not include entities that merely receive, route, and/or translate files, such as health care clearinghouses, network service vendors, data transmission services, and billing services.

CMS and its COBC may, however, transmit crossover claims to trading partners through one of these entities.

- CR4231 was issued to clarify all Medicare contractor requirements as they relate to the discontinuance of the existing eligibility file-based crossover process and to update the end date for the existing Medicare eligibility file-based crossover process to January 3, 2006, for Medicare contractor purposes.
- The “eligibility file” is the data file provided by the Trading Partner containing the records required to identify Medicare beneficiaries for purposes of receiving Medicare Part A and B crossover claims and reporting existing prescription drug coverage by the trading partner.

#### Termination Process Notifications to Trading Partners That Have Not Requested a Waiver

- All Medicare contractors will begin the termination of the existing eligibility file-based crossover process with each individual trading partner that has not requested and received a waiver no sooner than January 3, 2006.

#### Impact on Mandatory Medigap (“Claim-Based”) Crossovers

- The January 3, 2006, end date **does not apply** to mandatory Medigap (“claim-based”) crossovers, which are authorized by the Omnibus Budget Reconciliation Act of 1987 [Public Law 100-203, Section 4081(a)(B)], and currently supported by Part B and DMERC contractors.

#### Important Links

<http://www.cms.hhs.gov/MedlearnMattersArticles/downloads/MM4231.pdf>

<http://www.cms.hhs.gov/transmittals/downloads/R198OTN.pdf>