



Related MLN Matters Article #: SE0504

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The Centers for Medicare & Medicaid Services (CMS) Consolidation of the Claims Crossover Process

Key Words

SE0504, Crossover, Agreement, Consolidating, COBC, COBA, FY 2005, Testing, Transitioning, Implementation, CR3218, MM3218, Process, Difference, Consolidation

Provider Types Affected

All Medicare physicians, providers, and suppliers

Key Points

- The Medicare claims crossover process is being consolidated under a special Coordination of Benefits Contractor (COBC) by means of the Coordination of Benefit Agreement (COBA) initiative.
- Supplemental payers/insurers will sign one national crossover agreement and work directly with the COBC.
- The supplemental payer/insurer will:
 - Send eligibility files to identify its covered members and
 - Receive outbound HIPAA ANSI X-12N 837 COB and National Council for Prescription Drug Programs (NCPDP) claims for use in calculating secondary payment liability.
- Testing of the consolidated crossover process began with approximately ten supplemental payers/insurers on July 6, 2004.
- Transitioning of all supplemental payers/insurers from existing eligibility file-based crossover process to national COBA process will begin throughout fiscal year 2005.
- Change Request (CR) 3109 provided detailed requirements for eligibility file-based crossover and claim-based (mandatory Medigap) crossover.

- CR3218 provided a new implementation strategy for the COBA initiative, made major changes to many requirements published in CR 3109, and moved implementation of claim based crossover to a future date.
- The key difference between the existing automatic crossover process and the new COBA automatic crossover process is when the supplemental payer/insurer provides CMS with specific claim types and member information for those claims they wish to receive, claims will be crossed over to supplemental payers/insurers only after claims have left the Medicare claims payment floor.
- **Physician, provider, and supplier offices should receive payment and/or processing information** from a patient's supplemental payer/insurer **after the Medicare payment has been received** (once the supplemental payer/insurer has transitioned to the COBA crossover process).
- Physicians, providers, and suppliers will be able to reference additional information on COBA at <http://www.cms.hhs.gov/COBAgreement/> on the CMS website.

NOTE: Physicians, providers, and suppliers will not need to take any new actions with respect to the COBA automatic (or eligibility-file-based) crossover process.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0504.pdf> on the CMS website.

Physicians, providers, and suppliers will be able to reference additional information on COBA at

<http://www.cms.hhs.gov/COBAgreement/> on the CMS website.

CR 3218 (Transmittal 138) communicates the new implementation strategy for the COBA initiative and may be accessed at

<http://www.cms.hhs.gov/transmittals/Downloads/R138CP.pdf> on the CMS website.