

MLN Matters Number: MM3218 **Revised**

Related Change Request (CR) #: 3218

Related CR Release Date: April 9, 2004

Effective Date: July 1, 2004

Related CR Transmittal #:138

Implementation Date: July 6, 2004

The Consolidation of the Claims Crossover Process: Smaller-Scale Initial Implementation

Note: This article was updated on April 9, 2014, to show that the Coordination of Benefits Contractor (COBC) is now known as the Benefits Coordination and Recovery Center (BCRC). All other information remains unchanged.

Provider Types Affected

All Medicare physicians, providers, and suppliers

Provider Action Needed

In recent instructions to Medicare carriers, including Durable Medical Equipment Carriers (DMERCs) and Fiscal Intermediaries (FIs), the Centers for Medicare & Medicaid Services presented the requirements for a redesigned process for coordination of benefits activities. (For an explanation of these requirements/instructions, see MLN Matters article MM3109.)

In CR 3218, CMS is advising the carriers, FIs, and DMERCs that the implementation schedule is being altered and some requirements have changed. Providers need to be aware of how these changes, as described below, may affect them.

Note: The key message is that the impact of this change on providers is delayed from July 6 until further notice.

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Background

The Centers for Medicare & Medicaid Services (CMS) is starting the consolidation of the claims crossover process by beginning with a smaller-scale implementation on July 6, 2004. Through this instruction, CMS announces which portions of Transmittal R-98 (Change Request (CR) 3109) are:

- Still applicable;
- Which requirements have changed; and
- Which requirements are being moved to the October 4, 2004, systems release or to another future release.

Details regarding the requirements that have changed, and which are being moved to the October 4, 2004 systems release or to another future release, are listed in CR3218, which can be found at the CMS Web site address that is included in the Additional Information section of this article.

Note: A key change is that the entire process will not be implemented on July 6, 2004, as mentioned in CR3109 and MLN Matters article MM3109.

Instead, a pilot test will be conducted from July 6, 2004 through October 1, 2004, when approximately eight Coordination of Benefits Agreement (COBA) trading partners will participate as beta-testers in a parallel production crossover environment.

During the parallel production period, the eight COBA trading partners will continue to receive crossover claims from Medicare contractors and will also receive crossover claims as part of the COBA process.

In light of CMS decision to implement the COBA crossover consolidation project on a smaller scale within a parallel environment, Medicare carriers/FIs/DMERCs will continue to follow their current processes for the printing of Medicare Summary Notice (MSN) and Electronic Remittance Advice (ERA) crossover messages throughout the period from July 6, 2004 to October 1, 2004.

Medicare contractors will also continue to charge all trading partners to whom they cross Medicare claims. During the parallel production period,

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CMS Medicare Benefits Coordination and Recovery Center (BCRC), formerly known as the Coordination of Benefits Contractor (COBC) will not be charging the trading partners that participate in the COBA beta-site testing for claims that it crosses to them.

The eligibility-based crossover process will begin to be implemented on a larger scale on October 4, 2004. Also on October 4, 2004, the initial eight COBA beta-site testers will be converted to full production and will begin to be charged for claims that the BCRC crosses over to them.

CMS claim-based COBA crossover process is being delayed until a future systems release.

Note: This process previously had a major impact on the provider community as of October 2004 and that will not occur in October 2004 as previously planned.

Implementation

The implementation date for this instruction is July 6, 2004. This means that only those participating in the pilot phase are affected on that date. All other trading partners will not be affected until October 1, 2004, at the earliest. Additional instructions will be issued as new implementation dates are established for moving from the pilot phase to full implementation.

Additional Information

The official instruction issued to your Medicare contractor regarding this change may be found by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R138CP.pdf> on the CMS website.

If you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

Also, Transmittal R-98, Change Request 3109, Consolidation of the Claims Crossover Process: Additional Common Working File (CWF)

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Functionality, dated February 6, 2004, can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R98CP.pdf> on the CMS website.

Note: Change Request 3218 supersedes CR 3109 and deletes the impact on provider requirements listed in requirements 20 and 21 in CR 3109. Consolidated claim-based crossovers have been delayed until further notice. The claim-based crossover process remains unchanged at the Medicare contractors.

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