

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1038	Date: AUGUST 25, 2006
	Change Request 5250

SUBJECT: The Coordination of Benefits Agreement (COBA) Eligibility File Claims Recovery Process

I. SUMMARY OF CHANGES: The Centers for Medicare & Medicaid Services (CMS) has identified the need for a process whereby the Coordination of Benefits Contractor sends a copy of a trading partner's eligibility file to the Medicare contractors so that the contractors can then recover claims that were not previously tagged for COBA crossover.

NEW / REVISED MATERIAL

EFFECTIVE DATE: * January 1, 2007

IMPLEMENTATION DATE: January 2, 2007

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

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

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
R	27/80/80.13/Beneficiary Other Insurance Information (HUBO) Maintenance Transaction Error Codes
R	28/Table of Contents
N	28/70/70.6.3/Coordination of Benefits Agreement (COBA) Eligibility File Claims Recovery Process

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

Business Requirements Manual Instruction

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 1038	Date: August 25, 2006	Change Request 5250
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SUBJECT: The Coordination of Benefits Agreement (COBA) Eligibility File Claims Recovery Process

I. GENERAL INFORMATION

A. Background: Through Transmittal 837, Change Request (CR) 4277, the Centers for Medicare & Medicaid Services (CMS) developed a full claim file repair process to address situations where severe errors were introduced into the COBA flat files that the Medicare contractors transmit to the Coordination of Benefits Contractor (COBC).

Situations will also arise in the national COBA crossover process where a COBA trading partner's eligibility file(s) was/were not properly loaded to the Beneficiary Other Insurance (BOI) auxiliary file within the Common Working File (CWF) or its claims selections, as contained on the COBA Insurance File (COIF), were not properly loaded within the CWF. In such cases, claims may not have been appropriately tagged for crossover through the COBA process. Through this instruction, the CMS details its requirements for a process whereby its Medicare contractors shall search their claims history for processed Part A and Part B claims that fall within a specified date range and meet the beneficiaries' coverage dates with the COBA trading partner and transmit the recovered claims to the COBC. (**NOTE:** Durable Medical Equipment Regional Carriers or DME Medicare Administrative Contractors (DME MACs) and their shared system shall implement the systematic requirements for the COBA eligibility file recovery process as part of a future systems release.)

B. Policy: To ensure that eligibility records will be processed and applied to the CWF BOI auxiliary file more efficiently, the COBC will now send CWF one (1) transaction that will either add a BOI auxiliary record or update an existing BOI record, depending upon whether the incoming BOI record matches the existing BOI record. Under this logic, if the CWF receives an incoming HUBO (Beneficiary Other Insurance Information) transaction whose COBA identification number (ID) and "beneficiary supplemental eligibility-from date" (CCYYMMDD) match those same elements within an existing BOI auxiliary record, the CWF shall overlay the existing record with the incoming record. If CWF receives an incoming HUBO transaction whose COBA ID and "beneficiary supplemental eligibility-from date" do **not** match the equivalent elements within an existing BOI auxiliary record, it shall create a new BOI auxiliary record occurrence. In addition, for purposes of applying eligibility files to the BOI auxiliary record, the CWF shall now accept and process only two Action Types—"1- Add/Update" and "2- Delete"—as part of the national COBA crossover process.

When the CMS or COBC determines that 1) certain members on a COBA production trading partner's eligibility file were not properly loaded to the CWF BOI auxiliary file or 2) a COBA production trading partner's claims selections, as conveyed via the COIF, were not properly loaded to CWF, the CMS shall send a 'COBAProcess' e-mail to the affected Medicare contractors' crossover contacts. This communication will inform the crossover contacts that their contractor needs to initiate a claims recovery process. Within one (1) business day, each contractor's crossover contacts shall acknowledge receipt of the recovery request via return e-mail. The CMS will then contact the contractor's crossover staff via

phone to discuss the specific CWF date span or claim date of service parameters or both for the claims recovery process.

To prepare for the eventuality of a COBA recovery process, each contractor shall be required to complete an Electronic Transmittal Form in which the contractor specifies the file dataset names for receipt of COBC COBA eligibility file(s). Contractors that process both Part A and B claims should complete two (2) Electronic Transmittal Forms, unless CMS or the COBC specifies otherwise. The COBC would only use these datasets as part of a COBA claims recovery process. Contractors will send the recovered claims to the special file dataset names designated by the COBC. (**NOTE:** These appear in the business requirements below.)

After the COBC sends the contractor copies of the trading partner's COBA eligibility file(s), which will be prepared in accordance with the CMS proprietary format (see Attachment B), the contractor shall initiate recovery of the processed claims that meet the beneficiaries' eligibility dates, as provided on the COBC eligibility file(s), and that fall within the specified CWF date span or date of service parameters or both that CMS has provided to the contractor. Neither the contractor nor its Data Center shall be required to search archived claims history while fulfilling the COBA eligibility file recovery process. The contractor and its Data Center shall **not** be required to apply the COBA trading partner's claims selection criteria before transmitting the recovered claim files to the COBC. The contractor or its Data Center shall **not** transmit claims that had previously been sent to the COBC as part of the claim recovery process, as demonstrated by the claims' crossover location status or the presence of a COBA ID accompanied by a 'P' (production) indicator in relation to the processed claims.

Once the Medicare contractor, working with its Data Center, has recovered the specified claims, it shall copy the COBA ID from the COBC COBA eligibility file (field E01.002) and place it within the NM109 segment of the 1000B loop of the flat file containing the recovered Part A and B claims.

The contractors' systems shall be required to populate an 'R' indicator in the 22nd position of the Beginning of the Hierarchical Transaction (BHT)-03 segment of the 837 flat file when transmitting recovered claims for COBA production trading partners to the COBC. (**NOTE:** The CMS would only consider invoking the COBA eligibility file recovery process for trading partners that are in production mode. Therefore, this practice does **not** conflict with previous guidance issued by the CMS via Transmittal 474, CR 3709.)

Contractor Data Centers shall transmit the recovered claims to the COBC via a separate 837 flat file transmission. Contractors shall transmit the recovered claims to the COBC using the file dataset names that are specified in the requirements below. Contractor Data Centers shall send **no more than** 100,000 recovered claims (which equates to 20 ST-SE envelopes per contractor with 5,000 claims per envelope) to the COBC per transmission.

When the contractor or its Data Center transmits the recovered claims to the COBC, the contractor shall mark its claims history to indicate that each claim was recovered and transmitted to the COBC to be crossed over to the COBA trading partner.

If contractors receive COBC Detailed Error Reports that contain a 22-byte BHT-03 identifier that ends with an 'R,' they shall suppress generation of provider letters, regardless of the error source code ('111,'

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	overlay the existing record with the incoming record.									
5250.1.2	If the CWF receives an incoming HUBO transaction whose COBA ID and ‘beneficiary supplemental eligibility-from date’ do not match the equivalent elements within an existing BOI auxiliary record, it shall create a new BOI auxiliary record occurrence.								X	
5250.1.3	For purposes of applying COBA eligibility files to the BOI auxiliary file, the CWF shall redefine Action Type ‘0- Add’ as ‘1-Add/Update.’								X	
5250.1.4	For purposes of applying COBA eligibility files to the BOI auxiliary record, the CWF shall now accept and process only two Action Types— ‘1- Add/Update’ and ‘2 –Delete’—from the COBC as part of the COBA crossover process.								X	
5250.1.5	The CWF shall continue to apply the applicable ‘BO’ edits that would relate to add/update or delete actions accomplished via the HUBO transaction.								X	
5250.2	To prepare for the eventuality of a COBA - claims recovery process, contractors or their Data Centers shall complete the attached Electronic Transmittal Form (Attachment A) to designate special file dataset names for receipt of COBA eligibility files from the COBC.	X	X	X						
5250.2.1	Contractors that process both Part A and B claims shall complete separate Electronic Transmittal Forms, unless CMS or the COBC specifies otherwise.	X	X	X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5250.2.2	Contractors or their Data Centers shall be required to provide trigger jobs as part of their completion of the Electronic Transmittal Form.	X	X	X						
5250.3	When CMS sends a ‘COBAProcess’ e-mail communication to a Medicare contractor to initiate a COBA eligibility file recovery process, the contractor shall acknowledge receipt of the communication via return e-mail within 1 business day. (NOTE: The CMS will contact the contractor’s crossover staff via phone following receipt of its acknowledgment to discuss the specific CWF date span or date of service parameters or both that will be used for the recovery process.)	X	X	X						
5250.3.1	Contractors shall submit the names of at least two (2) crossover points of contact to CMS for the purpose of fulfilling requirement 5250.3.	X	X	X						
5250.3.1.1	Contractors shall submit the points of contact information via e-mail to the following COBA team contacts: Brian Pabst (brian.pabst@cms.hhs.gov) and Brian Johnson (brian.johnson@cms.hhs.gov).	X	X	X						
5250.4	Once the COBC transmits the COBA eligibility files (see Attachment B for the format of the E-01 record) to the contractor or its Data Center, using its existing Network Data Mover (NDM) connectivity with that entity, the contractor shall utilize the files to identify beneficiaries whose claims should be recovered from the contractor’s online claims history.	X	X	X		X	X			
5250.4.1	In addition, the contractor shall perform the following activities related to the COBA eligibility file: 1) Utilize each beneficiary’s coverage dates from the COBA eligibility files (field	X	X	X		X	X			

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	E01.13 for beneficiary supplemental eligibility-from date and field E01.14 for beneficiary supplemental-to date and successive eligibility-from and eligibility-to dates if provided) ; 2) Apply the specified CWF date span, as noted in requirement 5250.3; and 3) Apply the date of service parameters, as noted in requirement 5250.3 if applicable.									
5250.5	Neither the contractor nor its Data Center shall search archived claims history while fulfilling the COBA eligibility file recovery process.	X	X	X		X	X			
5250.5.1	The contractor or its Data Center shall not apply the COBA trading partner’s selection criteria when recovering claims that fall within the specified date of service parameter.	X	X	X		X	X			
5250.5.2	The contractor or its Data Center shall not send claims that were previously transmitted to the COBC, as demonstrated by claims’ crossover location status or the presence of a COBA ID with ‘P’ (production) indicator in association with the processed claims, as part of the claim recovery process.	X	X	X		X	X			
5250.6	Once the Medicare contractor, working with its Data Center, has recovered the specified claims, the contractor’s Data Center or shared system maintainer shall copy the COBA ID from the COBC COBA eligibility file (field E01.002) and populate it within the NM109 segment of the 1000B loop of the flat file containing the recovered Part A institutional or Part B professional claims before transmitting them to the COBC.	X	X	X		X	X			

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5250.6.1	The 837 flat files containing recovered Part A and B claims shall be prepared in the same format as the current flat file transmitted on a daily basis to the COBC for COBA crossover purposes, in accordance with Transmittal 138, CR 3218.	X	X	X		X	X			
5250.7	The contractor shall complete its claims recovery process, culminating with transmission of the recovered claims to the COBC, within eight (8) work days following the date that it receives the COBC COBA eligibility file.	X	X	X						
5250.8	The Part A and Part B contractors’ systems shall be required to populate an ‘R’ indicator in the 22 nd position of the Beginning of the Hierarchical Transaction (BHT)-03 segment of the 837 flat file when transmitting recovered claims for COBA production trading partners to the COBC.					X	X			
5250.9	Contractor Data Centers shall transmit the recovered Part A or B claims to the COBC via a separate 837 flat file transmission to the specified dataset names provided in Requirement 5250.9.1.	X	X	X		X	X			
5250.9.1	Contractor Data Centers shall transmit the recovered claim files to the COBC using the following file dataset names: PCOB.BA.NDM.COBA.Cxxxxx.PARTA.REC V(+1) PCOB.BA.NDM.COBA.Cxxxxx.PARTB.REC V(+1) (NOTE: Datasets that begin with “TCOB,” with all else remaining constant, would be used as part of systems release testing. The ‘xxxxx’ in the dataset names above represents the	X	X	X		X	X			

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	contractor number.)									
5250.9.2	Contractor Data Centers shall send no more than 100,000 recovered claims (which equates to 20 ST-SE envelopes per contractor with 5,000 claims per envelope) to the COBC per transmission.	X	X	X		X	X			
5250.9.3	Contractor Data Centers shall transmit recovered claims files to the COBC via existing NDM connectivity.	X	X	X		X	X			
5250.10	When the contractor’s Data Center transmits the recovered claims to the COBC, the contractor shall mark its claims history to indicate that each claim was recovered and transmitted to the COBC to be crossed over to the COBA trading partner.	X	X	X		X	X			
5250.10.1	Contractors shall notify their customer service representatives that they will be able to determine that recovered claims were sent to the COBC by referencing claims history.	X	X	X						
5250.11	If contractors receive COBC Detailed Error Reports that contain a 22-byte BHT-03 identifier that ends with an ‘R,’ they shall suppress generation of provider letters, regardless of the error source code indicated (‘111,’ ‘222,’ or ‘333’).	X	X	X		X	X			
5250.11.1	When the contractor, or its shared system, receives COBC Detailed Error Reports for recovered claims that contain ‘111,’ ‘222,’ or ‘333’ errors, it shall mark its claims history to indicate that the recovered claims will not be crossed over.	X	X	X		X	X			

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5250.11.2	Contractors, and their shared systems, shall assume that recovered claims for COBA production trading partners that exceed established percentage parameters for ‘111,’ ‘222,’ and ‘333’ errors are potential candidates for the COBA repair process, as provided in Transmittal 837, CR 4277.	X	X	X		X	X			
5250.11.3	Contractors shall transmit ‘repaired’ COBA recovery claims to the COBC via the separate 837 flat file transmission for recovery claims, as discussed above in Requirements 5250.9 and 5250.9.1.	X	X	X		X	X			
5250.11.3.1	Contractors and their systems shall populate an ‘18’ BHT-02 transaction set purpose code at the ST-SE level of the envelope containing the ‘repaired’ COBA recovered claims	X	X	X		X	X			
5250.11.3.2	In addition, contractors and their shared systems shall include an ‘R’ in the 22 nd position of the BHT-03 identifier when transmitting the ‘repaired’ COBA recovery claims to the COBC.	X	X	X		X	X			
5250.11.3.3	Contractors shall not generate provider notification letters if they, in conjunction with CMS, determine that the recovered claims that contained severe errors cannot be repaired.	X	X	X		X	X			
5250.12	For financial management purposes, contractors shall not establish accruals for the recovered claims with BHT-03 identifiers that end with ‘R’ due to the certainty that numerous claims will be rejected by the COBA trading partner as not meeting its claims selection criteria. (NOTE: As discussed in the ‘Policy’ section above, contractors will be reimbursed the per claim crossover rate for recovered claims that are accepted by the COBA trading partner.)	X	X	X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5250.12.1	Medicare contractor financial staff shall report reimbursements on recovered claims for the COBA crossover process on the ‘COB Credits’ line as part of the contractor’s monthly Interim Expenditure Report (IER).	X	X	X						
5250.12.2	The contractor systems shall develop a separate report for their associated Medicare contractors to enable them to fulfill Requirements 5250.12 and 5250.12.1					X	X			
5250.12.3	Contractors shall charge their costs for each individual COBA recovery process to Activity Code 11207.	X	X	X						

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	None.									

IV. 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

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: January 1, 2007</p> <p>Implementation Date: January 2, 2007</p> <p>Pre-Implementation Contact(s): Brian Pabst (brian.pabst@cms.hhs.gov; 410-786-2487)</p> <p>Post-Implementation Contact(s): Brian Pabst (brian.pabst@cms.hhs.gov; 410-786-2487)</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.</p>
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***Unless otherwise specified, the effective date is the date of service.**

Attachments

Attachment A

ELECTRONIC TRANSMITTAL FORM

Project: Coordination of Benefits Agreement (COBA)

Task: COBA Claims Recovery Process

Contact Information

Company Name: _____ Medicare Contr# _____

Contact Name: _____ Phone# _____ ext. _____

Contact Email Address: _____

AGNS Account Information

Account ID: _____ Net ID: _____ Appl ID: _____

Production Requirements

Filename(s): _____

Special Instructions (e.g., file triggers):

Test Requirements

Filename(s): _____

Special Instructions (e.g., file triggers):

COBA Eligibility File—Attachment B

DATA ELEMENT	DESCRIPTION	FIELD LENGTH	M O	FIELD LOCATION
HEADER RECORD TYPE	Value - E00	3X	O	E00.001
HEADER COBA ID	COBA ID assigned by the COBC	9X	O	E00.002
HEADER CREATION DATE	Date the record was created; format: (CCYYMMDD)	8X	O	E00.003
HEADER BENEFICIARY STATE CODE	Beneficiary State of residence NOTE: This field will not be used by the COBA Process	2X	O	E00.004
FILLER	Blank Field. Value is spaces.	178X	O	E00.005

DATA ELEMENT	DESCRIPTION	FIELD LENGTH	M O	FIELD LOCATION
RECORD TYPE	Value - E01	3X	M	E01.001
COBA ID	Coordination of Benefits Agreement Identification Number	9X	M	E01.002
FILE EFFECTIVE DATE	Effective date of file; format: (CCYYMMDD)	8X	M	E01.003
FILE UPDATE INDICATOR	Type of update values: A-Add, C-Change, D-Delete	1X	O	E01.004
*BENEFICIARY SURNAME	Beneficiary last name	20X	M	E01.005
*BENEFICIARY FIRST	Beneficiary first name	12X	M	E01.006
BENEFICIARY MIDDLE INITIAL	Beneficiary middle initial	1X	O	E01.007
*BENEFICIARY BIRTH DATE	Beneficiary date of birth; format: (CCYYMMDD)	8X	M	E01.008
*BENEFICIARY SEX CODE	Beneficiary sex code values: M = Male F = Female NOTE: If unknown default to M	1X	M	E01.009
BENEFICIARY HIC NUMBER	Beneficiary Medicare Health Insurance Claim Number	12X	M	E01.010

DATA ELEMENT	DESCRIPTION	FIELD LENGTH	M O	FIELD LOCATION
BENEFICIARY SUPPLEMENTAL ID NUMBER	Supplemental ID on file with sender. Should be the same as what is submitted on the claim.	25X	O	E01.011
BENEFICIARY GROUP POLICY NUMBER	Supplemental policy number on file. Should be the same as what is submitted on the claim.	20X	O	E01.012
BENEFICIARY SUPPLEMENTAL ELIGIBILITY FROM DATE-1	Medicare supplemental "from" date; format: (CCYYMMDD)	8N	M	E01.013
BENEFICIARY SUPPLEMENTAL ELIGIBILITY TO DATE-1	Medicare supplemental "to" date; (Note: this is the coverage through date format: (CCYYMMDD)) NOTE: Indicate zeros for open-ended dates.	8N	M	E01.014
BENEFICIARY SUPPLEMENTAL ELIGIBILITY FROM DATE-2	Medicare supplemental "from" date; format: (CCYYMMDD)	8N	O	E01.015
BENEFICIARY SUPPLEMENTAL ELIGIBILITY TO DATE-2	Medicare supplemental "to" date; format: (CCYYMMDD) NOTE: Indicate zeros for open-ended dates.	8N	O	E01.016
BENEFICIARY SUPPLEMENTAL ELIGIBILITY FROM DATE-3	Medicare supplemental "from" date; format: (CCYYMMDD)	8N	O	E01.017
BENEFICIARY SUPPLEMENTAL ELIGIBILITY TO DATE-3	Medicare supplemental "to" date; format: (CCYYMMDD) NOTE: Indicate zeros for open-ended dates.	8N	O	E01.018

DATA ELEMENT	DESCRIPTION	FIELD LENGTH	M O	FIELD LOCATION
BENEFICIARY SUPPLEMENTAL ELIGIBILITY FROM DATE-4	Medicare supplemental "from" date; format: (CCYYMMDD)	8N	O	E01.019
BENEFICIARY SUPPLEMENTAL ELIGIBILITY TO DATE-4	Medicare supplemental "to" date; format: (CCYYMMDD) NOTE: Indicate zeros for open-ended dates.	8N	O	E01.020
BENEFICIARY SUPPLEMENTAL ELIGIBILITY FROM DATE-5	Medicare supplemental "from" date; format: (CCYYMMDD)	8N	O	E01.021
BENEFICIARY SUPPLEMENTAL ELIGIBILITY TO DATE-5	Medicare supplemental "to" date; format: (CCYYMMDD) NOTE: Indicate zeros for open-ended dates.	8N	O	E01.022

DATA ELEMENT	DESCRIPTION	FIELD LENGTH	M O	FIELD LOCATION
TRAILER RECORD TYPE	Value - E99	3X	M	E99.001
TRAILER RECORD COUNT	Total number of records in the file excluding E00 and E99.	7N	M	E99.002
FILLER	Blank Field. Value is spaces.	190X	M	E99.003

80.13 - Beneficiary Other Insurance Information (HUBO) Maintenance Transaction Error Codes

(Rev. 1038, Issued: 08-25-06; Effective: 01-01-07; Implementation: 01-02-07)

(CWF EditMnts (<http://cms.csc.com/cwf/downloads/docs/pdfs/editmnts.pdf>))

HUBO (Beneficiary Other Insurance Information) Maintenance Transaction edit rejects are denoted by a value of "BO" in the disposition field on the Reply Record. A Trailer 08 containing up to four error codes will always follow. Listed below *are* the possible BOxx Maintenance Transaction error codes with a general description. **Each error must be corrected and the transaction resubmitted to CWF.**

The "50xx" series of Beneficiary edits that are returned on claim transaction response records that receive a Disposition "50," "51," etc. can also be returned on this maintenance transaction. The narrative description for these error codes is in the claim transaction edit sections.

HUBO Maintenance Transaction Error Codes

Error Code	Explanation
BO01	Beneficiary Health Insurance Number is missing, or invalid.
BO02	Beneficiary Surname is missing, or invalid.
BO03	Beneficiary Date of Birth is missing, or invalid.
BO04	Beneficiary Sex Code is invalid.
BO05	The Contractor Number is not equal to "11120."
BO06	The Date of Accretion is invalid.
BO07	The Deletion Date is invalid.
BO08	The Document Control Number is invalid.
BO09	The Action Type is missing, or invalid.
BO10	The Update Date is invalid.
BO11	The Insurance Coverage Type is missing, or invalid.
BO12	The Insurer Name or Address Info is invalid.
BO13	The Insurance Policy Number is invalid.
BO14	The Insurance Effective Date is invalid.

Error Code	Explanation
BO15	The Termination Date is invalid.
BO16	The Identifier Number is invalid.
BO17	The COBA Number is invalid.
BO18	The Plan ID Number is invalid.
BO19	The Other Insurer Number is invalid.
BO20	No match for update or delete found on BOI file.
BO21	Duplicate occurrence exists on the BOI file.
BO22	Record already deleted on BOI file.

*Effective with January 2, 2007, the CWF shall accept and process a HUBO transaction that either updates an existing Beneficiary Other Insurance (BOI) auxiliary record **or** adds a new BOI auxiliary record occurrence.*

*If the CWF receives an incoming HUBO transaction whose COBA identification number (ID) and 'beneficiary supplemental eligibility-from date' (CCYYMMDD) match the equivalent elements within an existing BOI auxiliary record, it shall overlay the existing record with the incoming record. However, if the CWF receives an incoming HUBO transaction whose COBA ID and 'beneficiary supplemental-from date' do **not** match the equivalent elements within an existing BOI auxiliary record, it shall create a new BOI auxiliary record occurrence.*

*For purposes of applying COBA eligibility files to the BOI auxiliary file, the CWF maintainer shall redefine Action Type '0- Add' as '1-Add/Update.' For purposes of applying COBA eligibility files to the BOI auxiliary record, the CWF shall now accept and process **only** two Action Types—'1 - Add/Update' and '2 - Delete'—from the COBC as part of the COBA crossover process.*

The CWF shall continue to apply the applicable 'BO' edits that would relate to add/update or delete actions accomplished via the HUBO transaction.

Medicare Claims Processing Manual

Chapter 28 - Coordination With Medigap, Medicaid, and Other Complementary Insurers

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(Rev. 1038, 08-25-06)

*70.6.3 – Coordination of Benefits Agreement (COBA) Eligibility File Claims
Recovery Process*

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(Rev. 1038, Issued: 08-25-06; Effective: 01-01-07; Implementation: 01-02-07)

*Effective with January 2, 2007, when the CMS or the Coordination of Benefits Contractor (COBC) determines that 1) certain members on a COBA production trading partner's eligibility file were **not** properly loaded to the Common Working File (CWF) Beneficiary Other Insurance (BOI) auxiliary file (see §70.6 of this chapter for more details regarding this file) **or** 2) a COBA production trading partner's claims selections, as conveyed via the COBA Insurance File (COIF), were **not** properly loaded to the CWF, the CMS shall send the Part A or Part B contractor crossover contact(s) a 'COBAProcess' e-mail communication. When the CMS sends a 'COBAProcess' e-mail communication to a Medicare contractor to initiate a COBA eligibility file claims recovery process, the contractor shall acknowledge receipt of the communication via return e-mail within 1 business day. The CMS will then contact the contractor's crossover staff via phone to discuss the specific Common Working File (CWF) date span or claim date of service parameters, or both, for the claims recovery process. (**NOTE:** Durable Medical Equipment Regional Carriers, DME Medicare Administrative Contractors, and their shared system shall implement the COBA eligibility file claims recovery process as part of a future systems release.)*

Following the telephone discussion between the CMS and the Medicare contractor crossover staff, the COBA eligibility file recovery process will further unfold as detailed below.

1. Receipt and Processing of the COBC COBA Eligibility File and Searching Claims History for the Needed Claims

*After the COBC sends the contractor copies of the trading partner's COBA eligibility file(s), which will be prepared in accordance with the CMS proprietary format, the contractor shall initiate recovery of the processed claims within the contractor's claims history that meet the beneficiaries' eligibility dates, as provided on the COBC eligibility file(s), and that fall within the specified CWF date span or date of service parameters, or both, that CMS has provided to the contractor. (**NOTE:** The COBC will transmit the COBA eligibility file to the Medicare contractors through its existing Network Data Mover (NDM) connection with each contractor.)*

2. Timeframes for Recovery

The contractor shall complete its claims recovery process, culminating with transmission of the recovered claims to the COBC, within eight (8) work days following the date that it receives the COBC COBA eligibility file.

3. Using Data Elements from the COBA Eligibility File For the Claims Recovery Process and Copying Elements from That File to the Recovered Claims Flat File

Contractors shall perform the following activities related to the COBA eligibility file:

- a) Utilize each beneficiary's coverage dates from the COBA eligibility files (field E01.13 for beneficiary supplemental eligibility-from date and field E01.14 for beneficiary supplemental-to date and successive eligibility-from and eligibility-to dates if provided);*
- b) Apply the specified CWF date span; or*
- c) Apply the date of service parameters; or*
- d) Both items b and c above.*

Once the Medicare contractor, working with its Data Center, has recovered the specified claims, it shall copy the COBA ID from the COBC COBA eligibility file (field E01.002) and place it within the NM109 segment of the 1000B loop of the flat file containing the recovered Part A and B claims.

4. Scope of the Claims Recovery Effort

Neither the contractor nor its Data Center shall be required to search archived claims history while fulfilling the COBA eligibility file claims recovery process.

The contractor and its Data Center shall not be required to apply the COBA production trading partner's selection criteria before transmitting the recovered claims to the COBC.

The contractor or its Data Center shall not transmit claims that had previously been sent to the COBC as part of the COBA eligibility file claims recovery process, as demonstrated by the claims' crossover location status or the presence of a COBA identification (ID) number accompanied by a 'P' (production) indicator in relation to the processed claims.

5. Populating a Unique BHT-03 Identifier to Designate Recovered Claims

The contractors' systems shall be required to populate an 'R' indicator in the 22nd position of the Beginning of the Hierarchical Transaction (BHT)-03 segment of the 837 flat file when transmitting recovered claims for COBA production trading partners to the COBC. (NOTE: The CMS would only consider invoking the COBA eligibility file recovery process for trading partners that are in production mode. Therefore, this

practice does not conflict with previous guidance issued by the CMS, which may be referenced in §70.6.1 of this chapter.)

6. Preparation and Transmission Requirements

The recovered claim files shall be prepared in the same 837 flat file format used for normal, daily transmissions to the COBC, as discussed in §70.6 of this chapter.

Contractor Data Centers shall transmit the recovered claims to the COBC via a separate 837 flat file transmission. Contractors shall transmit the recovered claims to the COBC using the following dataset names:

For Part A recovered files: PCOB.BA.NDM.COBA.Cxxxxx.PARTA.RECV(+1)

For Part B recovered files: PCOB.BA.NDM.COBA.Cxxxxx.PARTB.RECV(+1)

(NOTE: Datasets that begin with 'TCOB,' with all else remaining constant, would be used as part of systems release testing. The 'xxxxx' in the dataset names above represents the contractor number.)

Contractor Data Centers shall send no more than 100,000 recovered claims (which equates to 20 ST-SE envelopes per contractor with 5,000 claims per envelope) to the COBC per transmission.

Contractor Data Centers shall transmit recovered claims files to the COBC via the existing Network Data Mover (NDM) connectivity that they have with that entity.

7. Marking Claims History To Assist Customer Service Efforts

When the contractor or its Data Center transmits the recovered claims to the COBC, the contractor shall mark its claims history to indicate that each claim was recovered and transmitted to the COBC to be crossed over to the COBA trading partner.

Contractors shall notify their customer service representatives that they will be able to determine that recovered claims were sent to the COBC by referencing claims history.

8. COBC Detailed Error Report Processes In Relation to the Claims Recovery Process

If contractors receive COBC Detailed Error Reports that contain a 22-byte BHT-03 identifier that ends with an 'R,' they shall suppress generation of provider letters, regardless of the error source code indicated ('111,' '222,' or '333').

When the contractor, or its shared system, receives COBC Detailed Error Reports for recovered COBC Detailed Error Reports for recovered claims that contain '111,' '222,' or '333' errors, it shall mark its claims history to indicate that the recovered claims will not be crossed over.

9. The Possibility of Repairing COBA Recovery Claims

Contractors, and their shared systems, shall assume that recovered claims for COBA production trading partners that exceed established percentage parameters for '111,' '222,' and '333' errors are potential candidates for the COBA repair process, as provided in §70.6.2 of this chapter.

In accordance with the full claim file repair process discussed in 70.6.2 of this chapter, contractors and their shared systems shall populate an '18' Beginning of the Hierarchical Transmission (BHT)-02 transaction set purpose code at the ST-SE envelope level when transmitting the 'repaired' COBA recovery claims.

Unlike the process documented in §70.6.2 of this chapter, contractors shall transmit 'repaired' COBA recovery claims to the COBC via the separate 837 flat file transmission for recovery claims, as described within "Preparation and Transmission Requirements" above.

In addition, unlike the existing full claim file recovery process documented in §70.6. 2 of this chapter, contractors and their shared systems shall include an 'R' in the 22nd position of the BHT-03 identifier when transmitting the 'repaired' COBA recovery claims to the COBC.

*Contractors, or their shared systems, shall also **not** generate provider notification letters if they, in conjunction with CMS, determine that the recovered claims that contained severe errors cannot be repaired.*

10. COBA Claims Recovery Financial Management Processes

The CMS will reimburse the contractor for individual claims accepted by the trading partner at the per claim rates published in the current Budget and Performance Requirements document. Contractors shall not establish accruals for the recovered claims with BHT-03 identifiers that end with 'R' due to the certainty that numerous claims will be rejected by the COBA trading partner as not meeting its claims selection criteria.

Medicare contractor financial staff shall report reimbursements on recovered claims for the COBA crossover process on the 'COB Credits' line as part of the contractor's

monthly Interim Expenditure Report (IER). (NOTE: The contractors' systems shall develop a separate report for their associated Medicare contractors to enable them to fulfill the foregoing requirements.)

Contractors shall charge their costs for each individual COBA recovery process to Activity Code 11207.