CENTERS FOR MEDICARE & MEDICAID SERVICES

ATTACHMENT

TRADING PARTNER NAME: First Last _____

TIN/EIN: _____

NATURE OF ACTION ON THIS ATTACHMENT

- ☐ NEW TRADING PARTNER/COBA ID:
- ☐ CHANGES AS NOTED COBA ID: _____
- ☐ CANCELLATION COBA ID: _____

EFFECTIVE DATE: _____

SIGNATURE OF TRADING PARTNER: _____

NAME (PRINT): _____

TITLE (PRINT): _____

DATE (PRINT): _____

NOTE:

The Trading Partner must complete a separate Attachment packet (which contains five sections) if: 1) it submits separate eligibility files, as in the case of two distinct lines of business; 2) it elects separate claims selection options within the same line of business or separate claims selection options per each line of business; and 3) there are any other differences within the same line of business or among multiple lines of business with respect to information provided in Sections II, III, and IV of this attachment.

Section I. Trading Partner Information

Please check **only one (1)** line of business that you represent and complete an Attachment packet for that one selection. If you represent more than one line of business, you must complete a separate Attachment packet, which includes Section I through V, for each line of business. Please refer to the *COBA Implementation User Guide* for further guidance. This guide may be downloaded on cms.gov at the Coordination of Benefits Agreement website:

☐ 1. The Trading Partner identified above is a **Medigap Insurer** that offers one or more Medigap policies, also known as a Medicare supplemental policy, as defined in Section 1882(g)(1) of Title XVIII of the Social Security Act. A Medicare supplemental insurance policy is sold by private insurance companies to fill "gaps" in Original Medicare Plan coverage and is a group or individual policy that is advertised, marketed, or designed primarily as a supplement to reimbursements under Medicare for the hospital, medical, or surgical expenses of persons eligible for Medicare. Except in Massachusetts, Minnesota, and Wisconsin, there are 12 standard plans labeled Plan A through L. Medigap policies may only supplement the Original Medicare Plan.

☐ 2. The Trading Partner identified above meets the following definition of a **Supplemental Insurer**. Provides the following: A policy affording coverage to Medicare beneficiaries that does not meet the above definition of a Medigap policy; includes a policy or plan (including a managed care plan) of one or more employers or labor organizations for retired employees; includes an individual consumer supplemental product. A Health Maintenance Organization would also be included as a supplemental insurer.

☐ 3. The Trading Partner administers or pays health care benefits for **TRICARE (also known as TRICARE for Life.).**

☐ 4. The Trading Partner identified above is a **State Medicaid Agency,** or **fiscal agent of same,** or a **Medicaid Managed Care Organization (MCO),** or **related entity,** responsible for administration of Title XIX of the Social Security Act.

☐ 5. Other - Not otherwise described in selections 1 through 4 above; e.g., Federal Employee Health Benefit Plan (FEHBP), third party administrator, Veteran's Administration, or CHAMPVA.

Section II. COBA Service Information

NOTE: Please allow fifteen (15) calendar days for changes to COBA Service Information to be processed by the CMS Contractor.

A. TRADING PARTNER INFORMATION

1. Administrative Contact

Name: _____

Title/Position: _____

Company/Organization: _____

Address: _____

City/State/Zip _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

2. Technical Contact

Name: _____

Title/Position: _____

Company/Organization: _____

Address: _____

City/State/Zip _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

3. Invoice Contact

Name: _____

Title/Position: _____

Company/Organization: _____

Address: _____

City/State/Zip _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

4. Customer Service Contact (Provider/Member or Beneficiary/Medicare Contractor Inquiries)

Name: _____

Title/Position: _____

Company/Organization: _____

Address: _____

City/State/Zip _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

NOTE: The Trading Partner Customer Service Point-of-Contact List may be downloaded from the Coordination of Benefits Agreement website on cms.gov.

B. CMS' CONTRACTOR CONTACT INFORMATION

Name:	Jim Brady
Title/Position:	Project Director, BCRC
Company/Organization:	Benefits Coordination & Recovery Center
Address:	370 Lexington Avenue, 25 Floor
City/State/Zip:	New York, NY 10017
Telephone Number:	(646) 458-6682
Fax Number:	(646) 458-6761
Email Address:	cobva@ghimedicare.com

Section III. Data Transfer Information

☐ Check here if you are a Medigap insurer that is receiving only claim-based Medicare crossover claims without providing Eligibility Files to the CMS Contractor. If checked, skip "A," Parts 1 and 2 of this section and continue with "B" (COBA Claims File).

A. ELIGIBILITY FILE

Part 1. COBA Eligibility Record - Medicare Parts A and B Claims Crossover

1. Format: Refer to the COBA File Formats and Connectivity website on cms.gov to reference the E-01 Eligibility File specification and layout.

2. Frequency of Eligibility File:
   (**Note:** The frequency options are subject to change upon notification).

   ☐ Monthly
   ☐ Bi-Weekly

3. Eligibility File Type: (Updates: Adds, Changes, Deletes)

   CONDITIONS:

   a) The CMS Contractor will establish a specific day of the week or day of the month on which Eligibility Files will be sent.

   b) The Trading Partner may submit eligibility files outside its regularly scheduled eligibility file frequency (i.e., monthly or bi-weekly) if it is taking action to reconcile any errors in the most recent submission. Unless, the Trading Partner notifies its assigned EDI representative of its intention to send its eligibility files off-cycle, such submissions will be rejected.

   c) The Trading Partner will be responsible for submitting an eligibility file containing specific members if a recovery of claims is requested for those members.

   d) Upon request, the CMS Contractor will provide the Trading Partner with an eligibility file as it exists at the CMS Contractor, and which mirrors the information housed at CMS' Common Working File (CWF), to accommodate synchronization of eligibility records.

4. Media Type:
   Please indicate below the media type that will be used for Eligibility File Transfer. Please check one:

   - ☐ Connect Direct (NDM)
   - ☐ Secure File Transfer Protocol (SFTP) or Hypertext Transfer Protocol Secure (HTTPS)

Part 2. Drug Eligibility Record - Prescription Drug Coverage

Submission of this record is necessary for CMS and the Trading Partner to meet the coordination of benefits requirements of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Medicare Part D). This record does not result in the receipt of crossover claims through the COBA process for the Trading Partner's use in making Medicare Part D supplemental payment. Submission of this record enables CMS to coordinate payment of prescription drugs at the pharmacy point of sale.

Please check all that apply.

1. Prescription Drug Coverage the Trading Partner Offers:

   - ☐ Trading Partner receives a retirement drug subsidy from CMS. Therefore, available drug coverage is in lieu of Medicare Part D benefits.
   - ☐ Trading Partner does not offer prescription drug coverage that is the supplemental to Medicare Part D benefit. (Under Part 3, in the below, separate section mark either Option 3 or 4 as applicable to your organization.)
   - ☐ Trading Partner does offer prescription drug coverage that is supplemental to the Medicare Part D benefit. The trading partner administers and directly pays prescription drug benefits for those members with prescription drug coverage. (Under Part 2, complete items 2 and 4 through 6 below, marking the applicable option in each case. Under Part 3 below, mark the most appropriate selection among options 1-3.)
   - ☐ Trading partner does offer prescription drug coverage that is supplemental to the Medicare Part D benefit but contracts with a pharmaceutical benefit manager (PBM) to pay prescription drug benefits in the pharmacy network. Please provide the name of the PBM or related entity here:

     _____

     Also, list this entity in Section V of this Attachment. (Under Part 2, complete 2 and 4 through 6, marking the applicable option in each case. Under Part 3 below, mark the most appropriate selection among options 1-3.)

2. How the Trading Partner will submit Prescription Drug Coverage Information:

   ☐ Trading Partner or the separate entity named above and in Section V will submit the drug eligibility record through the alternative Section 111 of the Medicare, Medicaid, SCHIP Extension Act of 2007 (MMSEA) process no later than 90 calendar days from the COBA production date.

   Include your responsible reporting entity (RRE) ID(s) below that is/are used in association with expanded Section 111 MMSEA reporting:

   _____

   ☐ Trading Partner or the separate entity named above and in Section V will submit the drug eligibility record through this Coordination of Benefits Agreement via the E02 format no later than 90 days from the COBA production date.

3. Format: Refer to the COBA File Formats and Connectivity website to reference the E-02 Eligibility File specification and layout. Refer to the COBA Implementation User Guide on the Coordination of Benefits Agreement website to reference the Section 111 Drug Eligibility Record specification and layout.

4. Frequency of Eligibility File (E-02):

   ☐ Monthly
   ☐ Bi-Weekly (Offered only through COBA E-02)

5. Eligibility File Type: (Updates: Adds, Changes, Deletes)

   CONDITIONS:

   a) The CMS Contractor will establish a specific day of the week or day of the month on which Eligibility Files will be sent.

   b) The Trading Partner may submit eligibility files outside its regularly scheduled eligibility file frequency (i.e., monthly or bi-weekly) if it is taking action to reconcile any errors in the most recent submission. Unless, the Trading Partner notifies its assigned EDI representative of its intention to send its eligibility files off-cycle, such submissions will be rejected.

6. Media Type:
   Please indicate below the media type that will be used for Eligibility File Transfer. Please check one:

   ☐ Connect Direct (NDM)
   ☐ Secure File Transfer Protocol (SFTP) or Hypertext Transfer Protocol Secure (HTTPS)

Part 3. Eligibility Query Options Under the COBA Program

The COBA process supports routine eligibility queries for purposes of determining Medicare entitlement, as appropriate. Effective July 1, 2010, CMS supports three mechanisms for this purpose: 1) the E-02 query process, 2) the expanded non- Medicare Secondary Payer (MSP) input file process, and 3) the Health Eligibility Wrapper (HEW) 270/271 compliant file process. The permitted use of one option versus the other is conditioned by whether the Trading Partner submits drug eligibility information to the CMS Contractor. Trading Partners that do **not** submit drug eligibility information to the CMS Contractor may either use alternative methods for determining Medicare entitlement for their covered membership or may use the HEW 270/271 compliant file process to obtain Medicare Parts A, B, and C entitlement information for their covered members.

Directions: Mark the option below that is most applicable to your organization. (**NOTE:** only one option should apply per Trading Partner.)

Option 1:

☐ The Trading Partner uses the E-02 layout to report supplemental drug eligibility information to the CMS Contractor. Therefore, the Trading Partner will be using the E-02 "query" option to perform routine Medicare entitlement determinations for its covered membership. (Under this option, the CMS Contractor returns Medicare Parts A, B, C, and D entitlement data to the Trading Partner via the E-02 query response file.).

Option 2:

☐ The Trading Partner reports drug eligibility information to CMS under Section 111 of the MMSEA of 2007 via the mandatory insurer reporting (MIR) process. Also, the Trading Partner uses the expanded non-MSP input file to perform queries to obtain Medicare Parts A, B, C, and D entitlement determinations for its covered membership.

Option 3:

☐ The Trading Partner does **not** report drug eligibility information to CMS via either the E-02 or the Section 111 MMSEA MIR process. The Trading Partner will therefore be using the HEW 270/271 compliant software to perform Medicare Parts A, B, and C entitlement determinations for its covered membership. (Contact your CMS Contractor or EDI

representative to obtain the needed HEW 270/271 software for use as either a PC or mainframe version.)

As applicable, mark the HEW 270/271 software version your organization will use.

☐ PC

☐ Mainframe

Option 4:

☐ The Trading Partner does **not** report drug eligibility information to CMS via the E-02 or Section 111 MMSEA MIR process and will **not** use the HEW 270/271 to perform eligibility query functions.

B. COBA CLAIMS FILES

NOTE: You will receive electronic Claims Files from the CMS Contractor in the following specified formats, unless otherwise indicated in Section III.B.5.

1. Format:The claim formats currently supported under this Agreement include the following:

   Health Insurance Portability and Accountability Act (HIPAA) American National Standards Institute (ANSI) X12 837 Institutional and Professional Claims for Coordination of Benefits.

   National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard (batch version).

   Refer to the cms.gov HIPAA 5010 COB Claims website for information concerning the current version of the HIPAA ANSI X12 and NCPDP batch claims adopted by the Secretary of Health & Human Services and therefore used within the national COBA crossover program.

2. Outbound Claims File Receiver Qualifier and Identification:

   For receipt of the ANSI X12N 837 Institutional and/or Professional Claim, the Trading Partner prefers the following designations for the ISA 07 and ISA 08 fields:

   _____ ISA-07 (Receiver Qualifier -- 2 bytes)
   Note: “ZZ” will be used unless otherwise agreed upon by receiver/sender.

   _____ ISA-08 (Receiver ID --15 bytes)

   For receipt of the NCPDP batch claims, the Trading Partner prefers the following designation:

_____ Receiver ID -- 24 bytes

Note: Trading partners must provide the Receiver Qualifier and Interchange Receiver ID to be used when files are transmitted to them by the CMS Contractor. However, if claims for multiple COBA IDs are to be combined in a single file to one entity, then one Receiver Qualifier and Interchange Receiver ID must be used for the entire file; e.g., when multiple Trading Partners use the same clearing house to receive claims and the clearing house elects to receive one combined file from the CMS Contractor rather than receiving separate claim files for each trading partner.

3. Frequency of Claims File:

- ☐ Daily
- ☐ Weekly (specify day below)
- ☐ Bi-Weekly (specify day below)
- ☐ Monthly (specify day below)

Day:

- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday

4. Media Type:
Please indicate below the media type that will be used for Eligibility File Transfer. Please check one:

- ☐ Connect Direct (NDM)
- ☐ Secure File Transfer Protocol (SFTP) or Hypertext Transfer Protocol Secure (HTTPS)

5. Print Trading Partner's Name on the Medicare Summary Notice (MSN)

- ☐ Yes
- ☐ No

Note:

A Trading Partner that wishes its name to be printed on the MSN should ensure that the “Trading Partner Name” reflected on page 1 of this Attachment will be recognizable by its covered members (i.e., it’s doing-business-as name).

Section IV. Claims Selection Options

A. PART A MEDICARE ADMINISTRATIVE CONTRACTOR (MAC)/ HOME HEALTH & HOSPICE (HH&H) CLAIMS BY TYPE OF BILL

NOTE: These institutional types of bills are not available for receipt or individual exclusion to Medigap claim-based crossover recipients. Medigap insurers that do not provide an eligibility file to identify their members for crossover purposes will continue to receive only professional claims via the COBA Medigap claim- based crossover process. Since Medigap claim-based recipients will not receive institutional claims via their crossover process, they may not make elections below.

☐ 1. Check here if you would like to **receive all types of bills.** (Will include all Part A MAC, Specialty MAC, and HH&H TOBs as listed below)

☐ 2. Check here if you **do not** wish to receive any types of bills. (Will exclude receipt of all Part A MAC, Specialty MAC, and HH&H TOBS as listed below)

☐ 3. Otherwise, place a mark next to those types of bills you wish to **exclude.** The selection criteria are based on the first two digits of the type of bill. (TOBs with no mark)

Part A MAC TOBs

Institutional	TOB	Description
☐ PART A	11	Hospital Inpatient Part A
☐ PART A	12	Hospital: Inpatient Part B
☐ PART A	13	Hospital: Outpatient
☐ PART A	14	Hospital: Other Part B (Non-patient)
☐ PART A	18	Hospital: Swing Bed
☐ PART A	21	Skilled Nursing Facility: Inpatient Part A
☐ PART A	22	Skilled Nursing Facility: Inpatient Part B
☐ PART A	23	Skilled Nursing Facility: Outpatient
☐ PART A	71	Clinic: Rural Health
☐ PART A	72	Clinic: Freestanding Dialysis
☐ PART A	74	Clinic: Outpatient Rehabilitation Facility
☐ PART A	75	Clinic: Comprehensive Outpatient Rehabilitation Facility (CORF)
☐ PART A	76	Clinic: Comprehensive Mental Health Clinic

Institutional	TOB	Description
☐ PART A	83	Special Facility: Ambulatory Surgical Center
☐ PART A	85	Critical Access Hospital (CAH)

Specialty MAC TOBs

Institutional	TOB	Description
☐ PART A	24	Skilled Nursing Facility: Other Part B (Non-patient)
☐ PART A	28	Skilled Nursing Facility: Swing Bed
☐ PART A	41	Religious Non-Medical Health Care Institutions--Inpatient
☐ PART A	77	Clinic: Federally Qualified Health Center (formerly TOB 73)
☐ PART A	79	Clinic: Other

HH&H TOBs

Institutional	TOB	Description
☐ HH&H	32	Home Health: Part B Trust Fund (See Note Below)
☐ HH&H	34	Home Health: Outpatient
☐ HH&H	81	Special Facility: Hospice Non-Hospital
☐ HH&H	82	Special Facility: Hospice Hospital

NOTES

1. Home health type of bill 32X (adjudicated as 329) typically results in no patient liability following Medicare's payment determination. COBA trading partners that mark the exclusion for “adjustment claims fully paid without deductible or co-insurance remaining” in Section IV.E will **not** receive these claims via the crossover process. Trading partners may wish to receive these claims if they would pay during situations where Medicare completely denies the claims, such as when a non-participating Medicare home health agency is used or an appropriate plan of care was not ordered/arranged.

2. Hospice type of bills 81X and 82X typically reflect no patient liability for claims crossover purposes. COBA trading partners may wish to mark the exclusion for “original claims fully paid without deductible or co-insurance remaining” in Section IV.E to ensure they only receive such claims when co-insurance or other patient cost-sharing applies.

B. PART A MAC/HH&H CLAIMS (INSTITUTIONAL) BY PROVIDER/STATE

NOTES: 1) All selections below are applicable to **Part A** claims ONLY; 2) Since Medigap claim-based recipients will **not** receive institutional claims via their crossover process, they may not make elections below.

☐ 1. Check here if you wish to receive all Part A MAC/HH&H claims for all providers and all states. (Will receive **all** institutional claims)

2. Otherwise, indicate below if claims selection is to be done by provider identification number or by provider state. Please select one:

   ☐ Provider Identification Number or
   ☐ Provider State

3. Please indicate, below, whether the list of provider identification or provider states in Item 4 is to be included or excluded. Please select one:

   ☐ Included or
   ☐ Excluded

4. List provider identification numbers **or** provider states to be included or excluded as indicated above. **NOTE:** Limit to 50 entries.

Provider Identification Numbers or States

Provider List	Provider List	Provider List	Provider List	Provider List

C. PART B PSYCHOTHERAPY CLAIMS

☐ 1. Psychotherapy Claims Only COBA ID. (Place a check if you would like to receive Part B psychotherapy claims only for this COBA ID.)

If Psychotherapy Claims Only is selected:

☐ 2. Check here if you would like to receive **all Psychotherapy specialty codes.**

☐ 3. Otherwise, place a mark next to those specialty codes you wish to **include**.

Professional	Specialty Code	Description
☐ PART B	26	Physician/Psychiatry
☐ PART B	62	Psychologist
☐ PART B	68	Psychologist, clinical
☐ PART B	80	Licensed clinical social worker
☐ PART B	89	Certified clinical nurse specialist

☐ 4. Check here if you wish to receive Part B Psychotherapy claims for **all** states. (Will receive all Part B Psychotherapy claims)

☐ 5. Otherwise indicate below, whether the list of states in item D.4 is to be included or excluded. Please select one:

☐ Included or

☐ Excluded

☐ 6. Check here if you **do not** wish to receive any Psychotherapy specialty codes. (If not selected, you will receive all Psychotherapy specialty codes if Part B claims are included.)

D. PART B MAC CLAIMS (PROFESSIONAL) BY STATE

NOTE: All selections below are applicable to **Part B** claims ONLY.

☐ 1. Check here if you wish to receive claims for **all** states. (Will receive all professional claims)

☐ 2. Check here if you wish to exclude claims for **all** states. (Will **not** receive all professional claims)

☐ 3. Otherwise indicate, below, whether the list of states in Item 4 is to be included or excluded. Please select one:

☐ Included or

☐ Excluded

4. List all states to be included or excluded as indicated above. Use the alpha state code “RR” to designate Part B Railroad Retirement Board Claims and “US” to designate receipt of Competitive Acquisition Plan (CAP) Part B vendor claims. [**NOTE:** Use of the “US” code to include or exclude CAP Part B vendor claims will not be activated until a future date that CMS will designate.] Please use the appropriate two-byte alpha state code abbreviation for all entries.

Included or Excluded States

State List	State List	State List	State List	State List

E. DURABLE MEDICAL EQUIPMENT MEDICARE ADMINISTRATIVE CONTRACTOR (DME MAC) CLAIMS (PROFESSIONAL/NCPDP) BY JURISDICTION

☐ 1. Check here if you would like to receive all DME MAC claims. (Will receive all claims processed by DME MACs in all Jurisdictions. Be sure to complete Section III.B.2 to ensure your receipt of NCPDP claims.)

☐ 2. Otherwise, place a mark next to the specific Jurisdiction(s) you wish to **exclude**. (**NOTE:** It is not possible to exclude DME MAC claims by individual state.)

- ☐ Jurisdiction A: Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont
- ☐ Jurisdiction B: Kentucky, Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin
- ☐ Jurisdiction C: Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, Virgin Islands, Virginia, and West Virginia
- ☐ Jurisdiction D: Alaska, American Somoa, Arizona, California, Guam, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, North Mariana Islands, Oregon, South Dakota, Utah, Washington, and Wyoming.

☐ 3. Check here if you would like to exclude Part B National Council for Prescription Drug Programs (NCPDP) batch claims. Otherwise, you will receive all NCPDP batch claims.

IMPORTANT: In addition to Section IV.A, B, C and D, complete Section IV.F below to finalize your claim selection options.

F. COMMON CLAIM TYPES (INSTITUTIONAL/PROFESSIONAL)

NOTE: The options below apply to Institutional, Professional, and DMAC claims.

☐ 1. Check here if you would like to receive all claim types listed below.

☐ Otherwise, place a mark next to the claim types you wish to **exclude**.

NOTES:

1. Claim Type 1. (Non-Assigned) is available only in association with Professional claims and does **not** apply to NCPDP claims or to claims transmitted to State Medicaid Agencies or their qualified fiscal agents, since such claims must be "assigned." Claim Type 15. (Claims if other insurance exists for beneficiary) is only available to State Medicaid Agencies or their qualified agents. For a more detailed explanation of these options, please see the section entitled, "Understanding Your Claims Selection Options Under the National COBA Crossover Program," within the *COBA Implementation User Guide*.

2. Claim Type 18. (Recovery Audit Contractor Claims) Select this option if you do **not** wish to receive any RAC-initiated adjustment claims as part of your existing production COBA identifier(s) **and** do not wish to obtain a new COBA identifier(s) for receipt of RAC- initiated adjustment claims.

SPECIAL NOTE: Medigap claim-based crossover recipients may, in accordance with Medicare law and procedures, only exclude the following claim types from their crossover process with the COB Contractor: 1, 2, 3, 5, 6, 7, 8, 10, and 14.

Common Claim Types

No.	Claim Type	Exclude
1.	Non-Assigned (**see Note #1**)	☐
2.	Original Medicare claims fully paid without deductible or co- insurance remaining.	☐
3.	Adjustment claims fully paid without deductible or co-insurance remaining.	☐

No.	Claim Type	Exclude
4.	Original Medicare claims paid at greater than 100% of submitted charges without deductible or co-insurance remaining. **NOTE:** This option also affects receipt of Part B ambulatory surgical center (ASC) claims that carry co-insurance and deductible responsibilities.	☐
5.	100% denied original claims, with no additional beneficiary liability.	☐
6.	100% denied adjustment claims, with no additional beneficiary liability.	☐
7.	100% denied original claims, with additional beneficiary liability.	☐
8.	100% denied adjustment claims, with additional beneficiary liability.	☐
9.	Adjustment claims, monetary (see #11 below to also exclude only Medicare Physician Fee Schedule [MPFS] updates.)	☐
10.	Adjustment claims, non-monetary/statistical (see 12 below to also exclude non-monetary mass adjustments).	☐
11.	Mass adjustment claims tied to MPFS updates (monetary in nature).	☐
12.	Mass adjustment claims-other (could be monetary or non-monetary in nature.) Please note the Section of the COBA Implementation Guide regarding impacts to claim volume if this exclusion is selected.	☐
13.	Medicare Secondary Payer (MSP) claims (to globally exclude MSP paid or denied claims	☐
14.	MSP cost-avoided (fully denied) claims.	☐
15.	Claims if other insurance exists for beneficiary. **See Note #1 above.**	☐
16.	Reserved for future use.	☐
17.	All Adjustment Claims	☐
18.	Recovery Audit Contractor (RAC) Claims. **See Note #2 above.**	☐

G. ADJUSTMENT CLAIMS INCLUSION

These options are **mutually exclusive** and require that COBA trading partners obtain **separate** COBA identifiers for each "inclusion" option elected below:

Place a check beside the types of adjustments you wish to **receive** (include):

☐ 1. All adjustment claims (does **not** include RAC-initiated adjustments; does incorporate all other adjustment types, including items b and c, as specified below).

☐ 2. All Mass Adjustment Claims tied to the Medicare Physician Fee Schedule (MPFS) Update.

☐ 3. All Mass Adjustment Claims--Other.

☐ 4. All Recovery Audit Contractor (RAC)-Initiated Adjustment Claims (**Note:** Also complete the Table under section H below, as applicable).

NOTE: The CMS per claim crossover fee is waived for RAC-initiated adjustment claims ONLY (COBA ID range 88000 through 88999). All other adjustments claim scenarios listed directly above (items a-d) will be charged in accordance with Article III.D.1 of the COBA and will be assigned a COBA ID within a range that is independent of the range reserved for RAC-initiated adjustment claims.

H. RECOVERY AUDIT CONTRACTOR (RAC) CLAIMS

This section applies to existing Trading Partners with production COBA identifiers. As applicable, Trading Partners should list their production COBA identifiers below. (**NOTE:** Be sure to also mark item 4 under section G above if you wish to receive RAC-initiated adjustment claims.)

Production COBA Identifiers

COBA ID	COBA ID	COBA ID	COBA ID	COBA ID

☐ The COBA Trading Partner certifies that its current Profile Report and claims selection criteria for all COBA IDs listed above will be used to generate the RAC COBA IDs for use in the Medicare crossover process.

Section V. Trading Partner Contractor Disclosure

The Trading Partner is responsible for ensuring that its contractor and any business associates of that contractor abide by all terms and conditions of this COB Agreement, including data release and privacy provisions. The Trading Partner must identify on this attachment all entities with whom it contracts to send or receive protected health information/individually identifiable health information on its behalf in association with this Agreement. For purposes of this Agreement, Trading Partner Contractor is defined in Article I.G. Examples of media that are used to convey protected health information/individually identifiable health information include Eligibility Files and COB Claim Files.

Please provide written notice to the CMS Contractor contact identified in, Section II.B of the Attachment within five (5) business days of any change to this attachment.

Name of Trading Partner Contractor(s):

_____

_____

_____

_____