

CMS Manual System

Pub 100-20 One-Time Notification

Transmittal 212

Department of Health &
Human Services (DHHS)

Centers for Medicare &
Medicaid Services (CMS)

Date: FEBRUARY 10, 2006

Change Request 4325

SUBJECT: Full Replacement of CR 3980, Termination of Existing Crossover Agreements as Trading Partners Transition to the National Coordination of Benefits Agreement (COBA) Program (CR 3980 is rescinded.)

I. SUMMARY OF CHANGES: Through this change request, the CMS is updating "scenario number 2" within the Policy section of Transmittal 177, Change Request (CR) 3980. Therefore, Medicare contractors shall accept this change request as a complete replacement of CR 3980.

NEW/REVISED MATERIAL

EFFECTIVE DATE: March 13, 2006

IMPLEMENTATION DATE: March 13, 2006

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
-------	--

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 212	Date: February 10, 2006	Change Request 4325
-------------	------------------	-------------------------	---------------------

SUBJECT: Full Replacement of CR 3980, Termination of Existing Crossover Agreements as Trading Partners Transition to the National Coordination of Benefits Agreement (COBA) Program (CR 3980 is rescinded.)

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) issued Change Request 3980, Transmittal 177, dated September 2, 2005, to provide guidance to all Medicare contractors concerning the transitional procedures they should follow as their trading partners move from the current eligibility file-based crossover process to the national COBA consolidated crossover program. This change request updates termination scenario number 2, which was previously communicated as a part of Change Request 3980. Therefore, all Medicare contractors shall consider this change request a **complete replacement** of Change Request 3980, Transmittal 177.

B. Policy: The CMS has decided that trading partners will request cancellation of existing crossover agreements through an electronic notification. Each trading partner will send termination notices, via e-mail, to the designated internal claims crossover contact(s) at all Medicare contractors with whom it has signed crossover agreements, copying CMS at COBAProcess@cms.hhs.gov and the Coordination of Benefits Contractor (COBC) at cobva@ghimedicare.com. Each trading partner will send its termination notification to its affiliated Medicare contractors no less than 15 business days prior to its scheduled COBA production date with the COBC (always a Monday, except for situations where a Federal holiday falls on a Monday; in that case, the CMS and the COBC may decide to set the COBA production date for the next business day, a Tuesday). Aside from conveying a trading partner's intent to end its current eligibility file-based crossover process with the Medicare contractor, the electronic termination notice will specify or indicate 1) the trading partner's scheduled crossover production date with the COBC and 2) whether a trading partner with a Medigap line of business wishes to continue to receive mandatory Medigap (claim-based) crossover from a Part B or Durable Medical Equipment Regional Carrier (DMERC) contractor. (**NOTE:** The latter could refer to situations where a trading partner is not transitioning its Medigap line of business to the COBA process but its transitioning other lines of business.)

Assuming, for example, that the trading partner's COBA production date is Monday, February 6, 2006, the COBA trading partner would submit its last eligibility file update to its affiliated Medicare contractor(s) for processing on Wednesday, January 25, 2006 (eight business days prior to the trading partner's scheduled production date, allowing an extra day for holidays, as applicable). With the exception of trading partners that will require a phased-in implementation of the COBA process (e.g., healthcare clearinghouses and Medicaid fiscal agents), the trading partner's eligibility file would be cancelled based upon each contractor system's current methodology for tagging claims to cross over and when claims are currently crossed over to the trading partner (before the payment floor or after the payment floor has expired). Thus, three scenarios for canceling the trading partner's eligibility files and sending "transition" claims (claims adjudicated prior to the COBA production date that will be transmitted

to the COBC from the contractors' payment floor beginning on the production date) to the trading partner arise:

Scenario#1—Contractor Tags and Crosses the Claim When the Processed Claim Is Received from the Common Working File (CWF)

On January 25, 2006, the trading partner sends its last eligibility file update to the Medicare contractor. For contingency planning purposes, the Medicare contractor shall retain a duplicate copy of the eligibility file at its data center to be removed no earlier than March 1, 2006, and no later than March 4, 2006. On January 19, 2006, the COBC would submit to all CWF host sites an update to remove the trading partner from the COBA Insurance File (COIF). The update would be effective after the contractor tags claims for crossover on Friday, January 20th and would cause testing of the COBA crossover process to cease during the period from January 23 through February 3, 2006. Approximately two (2) business days before the trading partner's production date with the COBC, the COBC would include the trading partner on its COIF update, with the Test/Production indicator changing to "P." Medicare contractor claims processed on Thursday, February 2nd and returned from CWF the next day would be tagged for crossover by the Medicare contractors on Friday, February 3rd, and all subsequent claims would be tagged as "P" (production) claims for crossover by the COBC.

Once the Medicare contractor has processed its Thursday, February 2nd claims and tagged them for crossover under its current crossover TPA on Friday, February 3rd, the contractor's data center shall remove the trading partner's eligibility file that was used to tag those claims for crossover, thereby ensuring that no future claims shall be tagged for crossover. (**NOTE:** The contractor's data center shall, however, remove the duplicate copy of the eligibility file no earlier than March 1, 2006, and no later than March 4, 2006.) Claims processed by the Medicare contractor on February 2nd, which will be held on the crossover holding floor for one (1) day or included on that same-day crossover file, shall be transmitted by the Medicare contractor to the trading partner. In the event that the Medicare contractor receives a CWF reply trailer (29) containing a "T" (test) indicator for claims processed on or before February 2nd, the contractor shall include those claims in its transmission that will be sent to the trading partner.

Effective with claims processed and sent to CWF for verification and validation on Friday, February 3, 2006, the contractor's data center will receive a CWF reply trailer (29) on Monday, February 6th that contains a "P" (production) Test/Production indicator for claims that have been selected for crossover to the trading partner. Upon receipt of the CWF reply trailer (29) containing the "P" (production) trailer, the contractor shall begin sending production claims to the COBC (see Requirement 3273.4 for suppression of claims for purposes of avoiding claim crossover duplication). In addition, the contractor shall send claims to the COBC that are coming off the contractor's Medicare payment floor with a "T" (test) indicator for the trading partner on or after February 3rd, along with all other trading partners that are in the COBA test mode (Test/Production indicator=T), in accordance with Transmittal 158, CR3273. (**NOTE:** The "P" indicator would not be received on claims sent to CWF on the Friday prior to the trading partner's scheduled production date until the contractor's data center has first received a reply from CWF for the Thursday, February 2nd processed claims.)

The contractor shall 1) cancel its existing crossover agreement with the trading partner no earlier than March 1, 2006, and no later than March 4, 2006, and 2) maintain connectivity with that entity until the existing crossover agreement is cancelled.

Scenario#2— Contractor Tags and Crosses the Claim When It Leaves the Medicare Payment Floor

On January 25, 2006, the trading partner sends its last eligibility file update to the Medicare contractor. For contingency planning purposes, the Medicare contractor shall retain a duplicate copy of the eligibility file at its data center to be removed no earlier than March 1, 2006, and no later than March 4, 2006. On January 19, 2006, the COBC would submit a COIF update to the CWF host sites that would cause testing of the COBA crossover process to cease during the period from January 23 through February 3, 2006. The COBC would restore the trading partner to the COIF update file, with the COBA Test/Production indicator changed to "P," approximately two (2) business days in advance of the COBA trading partner's scheduled production date with the COBC. This would ensure that the contractor's claims processed on Friday, February 3rd and returned from CWF on Monday, February 6th would be sent to the COBC in production mode once they have left the contractor's payment floor.

CMS recognizes that the Medicare contractor currently tags claims for crossover to the trading partner as they come off the Medicare payment floor and then concurrently crosses the processed claims to that entity. In order to minimize duplication of claims being crossed from the Medicare Part A contractor and the COBC, if the COBA trading partner's production date is Monday, February 6, 2006, the Part A contractor shall remove the trading partner's eligibility file no sooner than February 15th (9 calendar days from the COBA production date) and no later than the February 18th weekend cycle (12 calendar days from the COBA production date). In addition, Part A contractors shall, if necessary, apply a claims termination end-date in coordination with the eligibility file removal date to their internal Fiscal Intermediary Shared System (FISS) screens to facilitate the stoppage of crossover claims to the transitioning trading partner. **NOTE:** The Part A contractor shall never apply a claims termination end-date within its internal FISS screens that equals the trading partner's COBA production date; e.g., a date of February 6, 2006, if that is the trading partner's COBA production date.

Effective with claims processed and sent to CWF for verification and validation on Friday, February 3, 2006, the contractor's data center will receive a CWF reply trailer (29) on Monday, February 6th that contains a "P" (production) Test/Production indicator for claims that have been selected for crossover to the trading partner. Upon receipt of the CWF reply trailer (29) containing the "P" (production) trailer, the contractor shall begin sending production claims to the COBC (see Requirement 3273.4 for suppression of claims for purposes of avoiding claim crossover duplication). In addition, the contractor shall send claims to the COBC that are coming off the contractor's Medicare payment floor with a "T" (test) indicator for the trading partner on or after February 3rd, along with all other trading partners that are in the COBA test mode (Test/Production indicator=T), in accordance with Transmittal 158. (**NOTE:** The "P" indicator would not be received on claims sent to CWF on the Friday prior to the trading partner's scheduled production date until the contractor's data center has received a reply from CWF for the Thursday, February 2nd processed claims.)

In order for the contractor to transmit and clear all of its claims from the Medicare payment floor that were returned from CWF on or before February 2nd for crossover to the trading partner under its existing TPA, it shall 1) cancel its existing crossover agreement with the trading partner no earlier than March 1, 2006, and no later than March 4, 2006, and 2) maintain connectivity with that entity until the existing crossover agreement is cancelled.

Scenario#3— Contractor Tags the Claim When the Processed Claim is Received from CWF and Crosses the Claim When It Leaves the Medicare Payment Floor

On January 25, 2006, the trading partner sends its last eligibility file update to the Medicare contractor. For contingency planning purposes, the Medicare contractor shall retain a duplicate copy of the eligibility file at its data center to be removed no earlier than March 1, 2006, and no later than March 4, 2006. On January 19, 2006, the COBC would submit to all CWF host sites an update to remove the trading partner from the COIF. The update would be effective after the contractor tags claims for crossover on Friday, January 20th and would cause testing of the COBA crossover process to cease during the period from January 23 through February 3, 2006. Approximately two (2) business days before the trading partner's production date with the COBC, the COBC would include the trading partner on its COIF update, with the Test/Production indicator changing to "P." Medicare contractor claims processed on Thursday, February 2nd and returned from CWF the next day would be tagged for crossover by the Medicare contractors on Friday, February 3rd, and all subsequent claims would be tagged as "P" (production) claims for crossover by the COBC.

Once the Medicare contractor has processed its Thursday, February 2nd claims and tagged them for crossover under its current crossover TPA on Friday, February 3rd, the contractor's data center shall remove the trading partner's eligibility file that was used to tag those claims for crossover, thereby ensuring that no future claims shall be tagged for crossover. (**NOTE:** The contractor's data center shall, however, remove the duplicate copy of the eligibility file no earlier than March 1, 2006, and no later than March 4, 2006.)

Effective with claims processed and sent to CWF for verification and validation on February 3, 2006, the contractor's data center will receive a CWF reply trailer (29) on Monday, February 6th that contains a "P" (production) Test/Production indicator for claims that have been selected for crossover to the trading partner. Upon receipt of the CWF reply trailer (29) containing the "P" (production) trailer, the contractor shall begin sending production claims to the COBC (see Requirement 3273.4 for suppression of claims for purposes of avoiding claim crossover duplication). In addition, the contractor shall send claims to the COBC that are coming off the contractor's Medicare payment floor with a "T" (test) indicator for the trading partner on or after February 3rd, along with all other trading partners that are in the COBA test mode (Test/Production indicator=T), in accordance with Transmittal 158. (**NOTE:** The "P" indicator will not be received on claims sent to CWF on the Friday prior to the trading partner's scheduled production date until the contractor's data center has received a reply from CWF for the Thursday processed claims.)

In order for the contractor to transmit and clear all of its claims from the Medicare payment floor that were tagged on or before February 3rd for crossover to the trading partner under its existing TPA, it shall 1) cancel its existing crossover agreement with the trading partner no earlier than March 1, 2006, and no later than March 4, 2006, and 2) maintain connectivity with that entity until the existing crossover agreement is cancelled.

Special Process for Entities Performing a Phased-In COBA Implementation

CMS recognizes that healthcare clearinghouses, Medicaid fiscal agents, and those trading partners that may perform a phased-in implementation by transitioning one line of business to the national COBA process will require a special termination process. To ensure that the transitioning insurer clients represented by the foregoing entities will not realize a gap in their receipt of crossover claims, CMS will require the foregoing entities to submit a refreshed eligibility file no sooner than the transitioning insurer clients' production date with the COBC (always a Monday) and no later than the Wednesday immediately following the insurer clients' production date. CMS will require healthcare clearinghouses, Medicaid fiscal agents, and others that will perform a phased-in COBA implementation to include only those beneficiaries associated to non-transitioned insurer clients on the refreshed contractor eligibility file. Contractor data centers will receive a CWF "P" Test/Production Indicator on claims only for those beneficiaries represented by insurer clients that have transitioned to the national COBA process.

Additional Information

For all scenarios presented above, contractors shall terminate existing eligibility file-based TPAs effective no sooner than 23 calendar days and no later than 26 calendar days after the trading partner's scheduled production date. Trading partners that have executed TPAs with Medicare Part B and DMEPOS contractors that contain both eligibility file-based and claim-based (mandatory Medigap crossover) provisions shall have the option to terminate both provisions or maintain the claim-based provision as they move into production with the COBC. If the trading partner requests that a Medicare contractor terminate both provisions, the Medicare contractor shall cancel the crossover agreement no later than 26 calendar days after the trading partner's scheduled production date. The trading partner shall specify its intention to either continue or cease claim-based crossover with a Medicare contractor via its electronic termination notice, as specified above. If a trading partner wishes to continue claim-based crossover, the contractor shall 1) maintain connectivity with the trading partner until further notice and 2) amend its current agreement, as applicable, to accommodate this request and shall do so no later than 26 calendar days after the trading partner's COBA production date.

Prior to 12:00pm (Eastern time) on Thursday, February 2, 2006, the COBC would have sent each CWF host site an updated COBA Insurance File (COIF) that contains a "P" Test/Production indicator for those trading partners that will be moved to production with the COBC effective with Monday, February 6th. The CWF host sites shall load the updated COIF that contains a "P" Test/Production indicator only after the Thursday, February 2nd claims cycle has been processed through CWF on Friday, February 3rd using the existing COIF. This would ensure that, effective with claims that were processed on Friday, February 3rd and returned from CWF on Monday, February 6th, the contractor's data center would receive both a "P" Test/ Production indicator via the CWF BOI reply trailer (29) for trading partners that would be now in production mode with the COBC as well as a "T" Test/Production indicator for those trading partners that remain in test mode with the COBC.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement
 “Should” denotes an optional requirement

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			
4325.1	The Medicare contractor’s designated internal claims crossover contact(s) shall accept an electronic e-mail termination notice from each crossover trading partner that is planning to move to crossover production with the COBC. (NOTE: Trading partners will always send their electronic termination notices no less than fifteen (15) business days prior to their scheduled production date with the COBC.)	X	X	X	X					
4325.1.1	To ensure proper coordination of this activity between the trading partner and the Medicare contractor, the contractor shall send any updates to its designated internal claims crossover contact(s), including e-mail address(es), to COBAProcess@cms.hhs.gov .	X	X	X	X					
4325.2	The Medicare contractor’s designated internal claims crossover contact(s) shall acknowledge receipt of the trading partner’s electronic termination notice within three (3) business days from the receipt of the trading partner’s electronic notice via a return e-mail to the originator of the e-mail (i.e., the trading partner contact(s)), including CMS (COBAProcess@cms.hhs.gov) and the COBC (cobva@ghimedicare.com) as copied parties.	X	X	X	X					
4325.2.1	The CMS will contact the contractor’s designated internal crossover contact(s) if the contractor has failed to acknowledge the trading partner’s e-mail notification within the timeframe specified in 4325.2.									X
4325.2.2	The contractor’s acknowledgment response shall specify whether the trading partner is required to supply a signed written termination notice in addition to the electronic termination	X	X	X	X					

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H 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	
	notification.									
4325.2.3	The acknowledgment response shall also inform the trading partner that payment shall be expected for all transferred crossover claims that will be pending in the contractor’s system at the time the trading partner moves to production with the COBC.	X	X	X	X					
4325.2.4	Lastly, as applicable, the contractor’s acknowledgement response shall address the trading partner’s decision to either continue or discontinue “claim-based” Medigap crossover once the trading partner has moved into COBA production with the COBC.	X	X	X	X					
4325.3	Contractors shall accept and utilize the trading partner’s final eligibility file eight (8) business days prior to the trading partner’s scheduled production date for purposes of tagging claims for crossover to the trading partner in conjunction with the three (3) scenarios presented above in the “Policy” section.	X	X	X	X					
4325.3.1	Each contractor’s data center shall retain a copy of the trading partner’s last eligibility file to be removed no earlier than 23 calendar days from the trading partner’s scheduled production date and no later than 26 calendar days from the trading partner’s scheduled production date.	X	X	X	X					
4325.4	Contractors that currently tag claims to be crossed over following receipt of a CWF response (approval) and cross claims to the trading partner prior to the claims payment floor shall execute the procedure outlined above under “scenario #1” within the “policy” section.	X	X	X	X					

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H 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	
4325.4.1	Contractors that tag and cross claims over in accordance with scenarios 1, 2, and 3, described above, shall continue to mark their Medicare summary notices (MSNs), electronic remittance advices (ERAs), and other remittance advices (RAs) based upon their current crossover procedures until they receive a CWF BOI reply trailer (29) containing a “P” Test/Production indicator. (See Transmittal 158, CR 3273 for an explanation of how contractors are to mark their MSNs, ERAs, and RAs when they receive a “P” Test/Production indicator via the BOI reply trailer 29.)	X	X	X	X					
4325.4.2	Contractors that cross claims over after they are held on the crossover holding floor for one (1) day or are included on the same-day crossover file (scenario #1) shall continue to invoice the trading partner for such crossover claims prior to the cancellation of their crossover TPA with that entity.	X	X	X	X					
4325.5	Contractors that tag claims for their current crossover process at the point that processed claims finalize on the payment floor shall execute the procedure outlined above under “scenario #2” within the “policy” section.	X	X							
4325.5.1	Contractors that fall under scenario #2 shall remove the trading partner’s eligibility file used to tag claims for crossover no sooner than 9 calendar days from the trading partner’s COBA production date and no later than 12 calendar days from the trading partner’s COBA production date.	X	X							
4325.5.2	Contractors shall continue to invoice the trading partner for any claims crossed over under their existing crossover TPA (including claims for which a “T” CWF reply trailer (29) or for which a CWF reply trailer (29) was not received) that	X	X							

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H 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	
	come off the payment floor following the trading partner’s scheduled production date.									
4325.6	Contractors that tag claims for their current crossover process after they have received a CWF response (approval) and then release claims when they have met CMS’ payment floor hold requirements shall execute the procedure outlined above under “scenario#3” within the “policy” section.	X	X	X	X					
4325.6.1	Contractors shall continue to invoice the trading partner for any claims crossed over under their existing crossover TPA (including claims for which a “T” CWF reply trailer (29) or for which a CWF reply trailer (29) was not received) that come off the payment floor following the trading partner’s scheduled production date.	X	X	X	X					
4325.7	<p>CMS understands that, with the exception of contractors on the Multi-Carrier System (MCS), data centers do not require the trading partner to submit a null (empty) eligibility file to terminate the existing eligibility file-based crossover process.</p> <p>To ensure completion of the termination process for all MCS (Part B) contractors, their associated data centers shall create and process a null (empty) eligibility file, per their existing eligibility file termination procedures and in conjunction with the appropriate scenario listed above in the “policy” section.</p>			X						
4325.8	With the exception of trading partners that will require a phased-in implementation approach (e.g., healthcare clearinghouses, Medicaid fiscal agents, and other entities that only wish to terminate one line of business but maintain a	X	X	X	X					

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
	crossover relationship with the Medicare contractor for all other lines), Medicare contractors shall have terminated all existing eligibility file-based TPAs and removed all related eligibility files effective no sooner than 23 calendar days and no later than 26 calendar days from the trading partner’s scheduled production date.								
4325.9	Medicare Part B and DME contractors shall terminate TPAs executed with both eligibility file-based crossover and claim-based crossover provisions if the trading partner specifies it wishes to cancel both provisions. This shall be accomplished no later than 26 calendar days from the trading partner’s scheduled production date.			X	X				
4325.9.1	If a trading partner indicates via its electronic termination notice that it wishes to continue claim-based crossover, Part B and DME contractors shall amend their crossover TPAs with that entity to allow for continuance of claim-based crossover no later than 26 calendar days from the trading partner’s scheduled production date. Please note that actions taken by Part B and DME contractors to amend existing TPAs to accommodate only claim-based crossover will not affect the trading partner’s scheduled production date with the COBC.			X	X				
4325.10	As described in requirement #4 of Transmittal 158, CR 3273, all contractors shall employ a duplicate check to ensure that, with the exception of claims for supplemental insurers (COBA ID range 00001-29999), they do not cross over claims to trading partners based on their existing TPAs or claim-based crossover process if they receive a BOI reply trailer (29)	X	X	X	X				

							F I S S	M C S	V M S	C W F	
4325.12	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*: March 13, 2006</p> <p>Implementation Date: March 13, 2006</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 2006 operating budgets.</p>
--	--

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