CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-05 Medicare Secondary Payer	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 76	**Date: November 19, 2010**
	Change Request 7216

SUBJECT: Common Working File (CWF) Medicare Secondary Payer (MSP) Coordination of Benefits Contractor (COBC) Number Update and Implementation of MSP Group Health Plan (GHP) COBC Hierarchy Rules as related to Mandatory Insurer Reporting.

I. SUMMARY OF CHANGES: Updating the hierarchy of COBC contractor codes and updating the CWF error codes to accommodate the implementation of this change request.

EFFECTIVE DATE: *April 1, 2011
IMPLEMENTATION DATE: April 4, 2011

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-

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	5/60/60.1.3.5/Exhibit 2 - CWF Source Codes and Corresponding CROWD Special Project Numbers
R	6/10/10.2/Definition of MSP/CWF Terms
R	6/20/20.1.2/MSP Change Transaction
R	6/20/20.1.3/MSP Delete Transaction
R	6/30/30.3/ MSP Auxiliary File Errors
R	6/30/30.3.2/ Valid Insurance Type Codes
R	6/50/50.3/ MSP "W" Record and Accompanying Processes
R	6/70/ Converting Health Insurance Portability and Accountability Act (HIPAA) Individual Relationship Codes to Common Working File (CWF) Medicare Secondary Payer (MSP) Patient Relationship Codes

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

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

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

Pub. 100-05	Transmittal: 76	Date: November 19, 2010	Change Request: 7216

SUBJECT: Common Working File (CWF) Medicare Secondary Payer (MSP) Coordination of Benefits Contractor (COBC) Number Update and Implementation of MSP Group Health Plan (GHP) COBC Hierarchy Rules as related to Mandatory Insurer Reporting.

Effective Date: April 1, 2011

Implementation Date: April 4, 2011

I. GENERAL INFORMATION

A. Background: The Coordination of Benefits Contractor (COBC) is charged with collecting information to identify other health insurance Medicare beneficiaries have that is primary to Medicare coverage. This other insurance information is posted by the COBC in the form of Medicare Secondary Payer (MSP) occurrences on the MSP Auxiliary Record for the beneficiary on the Common Working File (CWF). The information on the MSP Auxiliary Record is then used in the Medicare claims payment process to prevent mistaken payment of Medicare benefits and for subsequent recovery where mistaken payments were made prior to the identification of the other primary health insurance. In order to obtain comprehensive other insurance information and post it to CWF in a timely fashion to prevent mistaken Medicare payments, the COBC utilizes various methods of data collection including mandated employer questionnaire responses from the IRS/SSA/CMS Data Match process, the Initial Enrollment Questionnaire sent to Medicare beneficiaries, mandated insurer reporting as a result of Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007, telephone calls to the COBC Call Center, and other methods. While each of these methods has proven effective, some are more reliable than others and collection from different sources can result in conflicting information or "flip-flopping" of certain fields that make up an MSP occurrence on the MSP Auxiliary record. This in turn can result in reduced data integrity, inaccurate Medicare claim payment and recovery issues.

To address these issues and improve the integrity of MSP information posted to CWF, CMS and the COBC have developed new business requirements related to the maintenance of MSP occurrences where conflicting information is received from different sources. A hierarchy and process flow for updates and deletes according to the source of other insurance information has been developed. CMS has determined that the logic for these new rules should be added to the COBC system, given the COBC's role in the collection of other insurance information and MSP determination. Therefore it is necessary to remove certain functionality in CWF related to update and delete MSP transactions. The changes include the addition of two new COBC contractor IDs to further specify the originating source of MSP information and the modification of certain CWF MSP Transaction Error Code logic as specified below to accommodate the logic added to the COBC system. The COBC's internal system will be modified to impose hierarchy business rules on MSP update and delete transactions.

B. Policy: Two new COB contractor numbers are to be added to the COBC and CWF systems with the implementation of this change request. The first new COB contractor number, '11141', will be used by the COBC for MSP transactions which are the result of change requests or MSP inquiries submitted to the COBC by the MSP Recovery Contractor (MSPRC) due to recovery demand activity. The second new COB contractor number, '11143', will be used by the COBC for MSP transactions which are the result of change requests

submitted to the COBC by Medicare Advantage Plans. Both new COBC contractor numbers are to be treated like existing COB contractor numbers in the CWF system. The list of contractor numbers used by CWF to identify the COBC is to be updated to add '11141' and '11143'. Note that prior to this change, the COBC used contractor number '11109' for these MSP transactions. The use of these new contractor numbers will be as of the implementation date of this Change Request and going forward. No retroactive data conversion or adjustments to previously posted MSP transactions will be done.

The logic and functionality related to what COBC contractor number may update and/or delete an occurrence on an MSP Auxiliary Record will be moved from the CWF system to the COBC system. The COBC will implement new requirements related to MSP update/delete transactions at the same time as related functionality and logic is removed from CWF. The CWF system will be modified to accommodate the new MSP update/delete hierarchy rules that will be implemented in the COBC system. Therefore, CWF will bypass the SP50 MSP Transaction Error code logic for all COBC contractor IDs.

Changes will also be made to certain other CWF MSP Transaction Error Code logic to allow the COBC to properly maintain the integrity of MSP information. These include a change to the SP24 error code logic to limit the values for what is considered a valid MSP Insurer Type as of a certain accretion date; a change to the SP32 error code logic to permit the creation of ESRD MSP occurrences of less than 30 days in duration and to allow an MSP Termination Date on ESRD MSP occurrences to be after the first day of the month a beneficiary turns age 65. Note that this does not change any of the current ESRD rules. ESRD beneficiaries do not always enroll in Medicare when they become eligible due to ESRD. Where they delay enrollment and become enrolled the last month of the coordination period, COBC needs to create an ESRD MSP record that is less than 30 months. Also there are many times that beneficiaries enroll in Medicare and during the first month, decide to end their EGHP. For example, a beneficiary's 1st Dialysis date at the dialysis center is 06/15/2007. Her Part A entitlement Date is 02/01/2010. The 30 Month Coordination period would be from 09/01/2007 – 02/28/2010. MSP record should be from 02/01/2010 – 02/28/2010. Although this beneficiary was eligible for Medicare on 09/01/07, they elected not to enroll until 02/01/2010. The MSP record needs to be created for the remaining coordination period.

Other changes will be made to certain other CWF MSP Transaction Error Code logic that allows the COBC to properly maintain the integrity of MSP information includes changing the values for valid patient relationship codes in the SP33 error code logic as of a certain accretion date; updating the SP52 error logic to remove patient relationship codes no longer used as of a certain accretion date; applying the SP53 logic to all contractor numbers; bypassing the SP57 for COBC contractor numbers; and adding contractor numbers '11141' and '11143' to the list that defines the COBC in SP57 and SP59. Other changes are noted in the requirements below.

Note that the COBC will send CWF HUSP transactions to change the MSP Insurer Type on existing, open-ended MSP occurrences it maintains prior to the implementation of this Change Request to replace the discontinued codes, but a full conversion will not be necessary as older MSP occurrences with accretion dates prior to the presumed implementation date of this CR of 4/4/2011 may continue to be maintained with the discontinued codes. These HUSP transactions will be sent by the COBC via the normal COBC/CWF interface and no action or conversion is required on the part of CWF. The "certain accretion date" referred to in the changes described above for SP24, SP33 and SP52 must coincide with the implementation date of this CR which is assumed to be 4/4/2011. Therefore the noted changes will not be applied to MSP Auxiliary occurrences with accretion dates prior to 4/4/2011. If this CR is not implemented in the CWF April 2011 release, the implementation date of 4/4/2011 will need to be modified in the requirements accordingly.

Logic in CWF for FI/Carriers/MACs/DME MACs is to remain the same such that they may only add MSP 'I' records or submit an update to set a Termination Date on MSP 'Y 'records if no Termination Date is already present. However, the changes to the SP edits will apply to these contractors as specified below.

Logic in CWF for the Beneficiary Call Center contractor ID '11140' is to remain the same such that it may only add/change Termination Dates on 'Y' records with an MSP Type of 'A' (Working Aged). However, the changes to the SP edits will apply to these contractors as specified below.

Note that NO CHANGES should be made to the SP60 and SP61 edit logic for this CR.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7216.1	CWF shall update the list of contractor numbers to include '11141' (MSPRC) and '11143' (Medicare Part C/Medicare Advantage Plans) with an effective date of the implementation date of this CR (4/4/2011).									X	COBC
7216.1.1	The list of COB contractor numbers in CWF shall include contractor numbers 11100 – 11119, 11121, 11122, 11126, 11141, 11143, 33333, 55555, 77777, 88888, and 99999. 11141 - COBC/MSPRC 25 Broadway, 12th Floor New York, NY 10004 11143 - COBC/Medicare Part C/Medicare Advantage 25 Broadway, 12th Floor New York, NY 10004									X	COBC
7216.1.2	The Part A and B shared systems, CWF and DME MACs shall recognize the new COB contractor numbers and their associated activities		X				X	X		X	
7216.2	SP 37 shall be modified to add the following new source codes and the shared systems and CWF shall recognize the following CWF source codes associated with their respective COB contractor numbers: CWF Source Code 41 = COBC/MSPRC number 11141						x	x	x	x	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	CWF Source Code 43 = COBC/Medicare Part C/Medicare Advantage number 11143										
7216.2.1	Contractors shall update their SCF edits and/or internal system edits, to accommodate this modification	X	X	X	X	X					
7216.3	Error codes 94G1 and E1801 shall be modified for Part A (HUIP, HUOP, HUHH and HUHC) to add the new 41 and 43 Non-Payment Denial Codes (cost avoid) and that the shared systems and CWF shall recognize the following Non-payment Denial Codes associated with their respective COB contractor numbers: Non-payment Denial Code 41 = COBC/MSPRC number 11141 Non-payment Denial Code 43 = COBC/Medicare Part C/Medicare Advantage number 11143						x			x	
7216.3.1	Error Code 1801 shall be modified for Part B/DME MAC (HUBC and HUDC) to add new detail Non-Payment Denial Codes (cost avoid) 41 and 43.							x	x	x	
7216.3.2	Error Code 61x1 shall be modified for Part B/DME MAC (HUBC and HUDC) to add new detail Non-Payment Denial Codes (cost avoid) 41 and 43.							x	x	x	
7216.3.3	CWF shall modify the following error codes to account for the new cost avoids 41 and 43: 6801, 6802, 6803, 6806, and 5701.									X	
7216.3.4	CWF shall update its logic that systematically corrects the cost avoid for COBC contractors to include 11141 and 11143.									x	
7216.4	The CWF shall recognize the following CROWD Numbers associated with their respective COB contractor numbers: CROWD Number 7041= COBC/MSPRC number 11141 CROWD Number 7043= COBC/Medicare Part C/Medicare Advantage number 11143										CROWD REMAS
7216.5	CWF shall generate Unsolicited Responses HUST and HUSC for contractors 11141 and 11143 so the MSPRC receives the MSP occurrence.									x	MSPRC

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7216.6	Validity indicator of 'Y' shall be valid for 11141 and 11143. The validity indictor of 'I' shall not be valid for 11141 and 11143. Error code SP20 shall be set when an "I" Validity Indicator is submitted for 11141 or 11143.									X	
7216.7	CWF shall change the edit logic for the SP24 error code to only allow values of 'A', 'J', 'K', 'R', 'S', and space (blank) for the MSP Insurer Type on transactions adding or updating MSP Auxiliary occurrences with an accretion date of the implementation date of this CR (April 4, 2011) and subsequent.									X	COBC
7216.7.1	CWF shall bypass the SP24 edit logic on delete transactions (when the MSP Maintenance Transaction Type is equal to '1' then bypass the SP24 edit).									X	
7216.7.2	CWF shall update the definitions of valid MSP Insurance Types listed in the SP24 edit documentation as follows: The following codes are valid for all MSP Auxiliary occurrences regardless of accretion date: A = GHP Hospital and Medical Coverage –**or-** Other Non-GHP J = GHP Hospital Coverage Only K = GHP Medical Coverage Only R = GHP Health Reimbursement Arrangement S = GHP Health Savings Account Space = Unknown The following codes are only valid on MSP Auxiliary occurrences with accretion dates **PRIOR TO** the implementation date of this CR (4/4/2011): B = GHO C = Preferred Provider Organization (PPO) D = Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity. E = Third Party Administrator arrangement with stop loss insurance issued from any entity. F = Self-Insured/Self-Administered. G = Collectively-Bargained Health and Welfare									X	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	Fund. H = Multiple Employer Health Plan with at least one employer who has more than '100' full and/or part-time employees. I = Multiple Employer Health Plan with at least one employer who has more than '20' full and/or part-time employees. M = Medicare Supplemental Plan, MEDIGAP, Medicare Wraparound Plan, or Medicare Carve Out Plan.										
7216.7.3	All systems that submit MSP transactions to CWF shall update their software to use this list of values and associated accretion date of the implementation date of this CR (4/4/2011) for the MSP Insurer Type code on MSP Auxiliary transactions.						X	X	X		
7216.8	CWF shall modify (as necessary) the SP32 error code logic to allow an MSP Termination Date to be on or after (greater than) the first day of the month a beneficiary turns age 65 for MSP occurrences with an MSP Code of "B" (ESRD). Note: If there is code in the system that prevents this for MSP Code B, then CWF shall remove it.									X	
7216.8.1	CWF shall modify (as necessary) the SP32 error code to not allow an MSP Termination Date to be on or after (greater than) the first day of the month a beneficiary turns age 65 for MSP occurrences with an MSP Code of '**G**' (Disability). Note: This may not necessitate a change in the system depending on current system code.									X	
7216.8.2	CWF shall modify the SP32 error code logic to allow an MSP Termination Date to be less than 30 days greater than the MSP Effective Date on records with an MSP Code of "B" (ESRD).									X	
7216.8.3	CWF shall remove the following logic: "When the MSP Termination Date is not equal to zero, and the MSP Code is equal to "B", and the MSP Termination Date is less than the MSP Effective Date (+1 month), set the 'SP32' error code."									X	
7216.9	CWF shall change the edit logic for the SP33 error code to only allow values of 01, 02, 03, 04 and 20 in the patient relationship field on transactions adding or updating MSP Auxiliary occurrences with									X	COBC

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	accretion dates equal to the implementation date of this CR (4/4/2011) and subsequent.										
7216.9.1	CWF shall update the definitions of these codes as follows: The following codes are valid for all MSP Auxiliary occurrences regardless of accretion date: 01 = Self; Beneficiary is the policy holder or subscriber for the other GHP insurance reflected by the MSP occurrence –or- Beneficiary is the injured party on the Workers Compensation, No-Fault, or Liability claim 02 – Spouse or Common Law Spouse 03 = Child 04 = Other Family Member 20 = Life Partner or Domestic Partner The following codes are only valid on MSP Auxiliary occurrences with accretion dates **PRIOR TO** the implementation date of this CR (4/4/2011): 05 = Step Child 06 = Foster Child 07 = Ward of the Court 08 = Employee 09 = Unknown 10 = Handicapped Dependent 11 = Organ donor 12 = Cadaver Donor 13 = Grandchild 14 = Niece/Nephew 15 = Injured Plaintiff 16 = Sponsored Dependent 17 = Minor Dependent of a Minor Dependent 18 = Parent 19 = Grandparent									X	
7216.9.2	CWF shall bypass the SP33 edit logic on delete transactions (when the MSP Maintenance Transaction Type is equal to '1' then bypass the SP33 edit).									X	
7216.9.3	All systems that submit MSP transactions to CWF shall update their software to use this list of values						X	X	X		

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	for the patient relationship code and associated accretion date of the implementation date of this CR (4/4/2011) on MSP Auxiliary transactions.										
7216.10	CWF shall bypass all edit logic for the SP50 error code for all MSP transactions sent with a COB contractor number.									X	
7216.10.1	The list of COB contractor numbers shall include 11100 – 11119, 11121, 11122, 11126, 11141, 11143, 33333, 55555, 77777, 88888, and 99999.									X	
7216.10.2	CWF shall add contractor numbers 11141 and 11143 to the list that defines the COBC contractor in this logic as applicable.									X	
7216.10.3	CWF shall maintain the existing logic in the SP50 edit pertaining to FIs/Carriers/MACs/DME MACs and the Beneficiary Call Center (11140).									X	
7216.11	CWF shall modify the SP52 error code logic for transactions adding or updating MSP Auxiliary occurrences with accretion dates equal to the implementation date of this CR (4/4/2011) and subsequent to only allow patient relationships of self and spouse for Working Aged MSP occurrences and only allow self, spouse, child, other family member and life partner patient relationships for ESRD and Disability MSP occurrences.									X	COBC
7216.11.1	A patient relationship of "self" shall be used on all Non-GHP (other than Aged, ESRD and Disability) MSP occurrences with accretion dates equal to the implementation date of this CR (4/4/2011) and subsequent (The SP52 logic does not apply to delete transactions).	X	X	X	X	X	X	X	X	X	COBC
7216.11.2	CWF shall modify the edit logic for the SP52 error code as follows: 1) When the MSP Maintenance Transaction Type is equal to '1' (delete), bypass this edit. 2) If the accretion date of the MSP Auxiliary occurrence is 4/4/2011 or greater and the MSP Payer Code is equal to 'A' and the MSP Validity Indicator									X	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	is equal to 'I' or 'Y' and the MSP Patient Relationship is not equal to '01' and the MSP Patient Relationship is not equal to '02', then set the 'SP52' error code. 3) If the accretion date of the MSP Auxiliary occurrence is 4/4/2011 or greater and the MSP Payer Code is equal to ''B' or 'G' and the MSP Validity Indicator is equal to 'I' or 'Y' and the MSP Patient Relationship is not equal to '01' and the MSP Patient Relationship is not equal to '02', and the MSP Patient Relationship is not equal to '03' and the MSP Patient Relationship is not equal to '04' and the MSP Patient Relationship is not equal to '20'then set the 'SP52' error code. 4) If the accretion date of the MSP Auxiliary occurrence is 4/4/2011 or greater and the MSP Payer Code is not equal to 'A' and not equal to 'B' and not equal to 'G', and the MSP Validity Indicator is equal to 'I' or 'Y' and the MSP Patient Relationship is not equal to '01', then set the 'SP52' error code. 5) If the accretion date of the MSP Auxiliary occurrence is PRIOR TO 4/4/2011 then apply the existing SP52 edit logic (logic prior to this CR's implementation).										
7216.11.3	All systems that submit MSP transactions to CWF shall update their software for the submission of MSP Auxiliary transactions to accommodate this change for adds and updates to MSP Auxiliary occurrences with an accretion date equal to the implementation date of this CR (4/4/2011) and subsequent.						X	X	X		
7216.12	CWF shall remove the list of COB contractor numbers used in the SP53 error code logic.									X	
7216.12.1	CWF shall apply the existing SP53 edit to MSP									X	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	transactions with any contractor number.										
7216.13	CWF shall add contractor numbers 11141 and 11143 to the list of COB contractor numbers used in the SP57error code logic.									X	
7216.13.1	CWF shall bypass the edit logic for the SP57 error code for all MSP transactions sent with a COB contractor number.									X	
7216.13.2	The list of COB contractor numbers shall include 11100 – 11119, 11121, 11122, 11126, 11141, 11143, 33333, 55555, 77777, 88888, and 99999.									X	
7216.13.3	CWF shall remove the following statement from the SP57 edit error description: "When the identification number of the Satellite who last updated the Auxiliary information is equal to '11102', '11104', '33333', or '77777', bypass this edit. " Note this requirement represents a textual change only; no system change is required.									X	
7216.14	CWF shall add contractor numbers 11141 and 11143 to the list of COB contractor numbers used in the SP59 error code logic.									X	
7216.14.1	The list of COB contractor numbers shall include 11100 – 11119, 11121, 11122, 11126, 11141, 11143, 33333, 55555, 77777, 88888, and 99999.									X	
7216.14.2	CWF shall not make any changes to the existing SP59 edit for contractor numbers 11125 and 11140.									X	
7216.15	The COBC shall implement new MSP update/delete hierarchy rules for GHP MSP transactions prior to transmission to CWF.										COBC
7216.15.1	The COBC shall consider contractor numbers in the following order according to the assumed reliability of MSP data supplied: most reliable/first tier – 11100; second tier – 11110, 11140, 11141; third tier – 11121, 11143; fourth tier 11102, 11105; fifth tier – all other contractor numbers.										COBC
7216.15.2	The COBC shall implement other hierarchy requirements as documented in an associated, internal COBC CR.										COBC
7216.16	CWF shall maintain existing logic for FI/Carriers/MACs/DME MACs such that they may only add MSP 'I' records or submit an update to set a Termination Date on MSP 'Y 'records if no Termination Date is already present.									X	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7216.16.1	CWF shall continue to apply existing SP edit logic as it currently exists in the system for these contractors with changes as noted in other requirements of this CR.									X	
7216.17	CWF shall maintain existing logic for the Beneficiary Call Center contractor ID '11140' such that it may only add/change Termination Dates on 'Y' records with an MSP Type of 'A' (Working Aged).									X	
7216.17.1	CWF shall continue to apply existing SP edit logic as it currently exists in the system for this contractor with changes as noted in other requirements of this CR.									X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	None.										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Richard Mazur, Richard.Mazur2@cms.hhs.gov, (410) 786-1418.

Post-Implementation Contact(s): Richard Mazur, Richard.Mazur2@cms.hhs.gov, (410) 786-1418.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* and/or *Carriers*:

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

Section B: *For Medicare Administrative Contractors (MACs)*:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

60.1.3.5 - Exhibit 2: CWF Source Codes and Corresponding CROWD Special Project Numbers

(Rev. 76, Issued: 11-19-10; Effective Date: 04-01-11; Implementation Date: 04-04-11)

CWF Source Codes	MSP/COB Contractor Numbers	Nonpayment/ Payment Denial Codes	CROWD Special Project Numbers
B, D, T, U, V, or W	77777 = IRS/SSA/HCFA Data Match (I, II, III, IV, V, or VI)	Y	1000
O	99999 = Initial Enrollment Questionnaire (IEQ)	T	2000
P	55555 = HMO Rate Cell Adjustment	U	3000
	33333 = Litigation Settlement	V	4000
Q	88888 = Voluntary Agreements	Q	5000
0	11100 = COB Contractor	00	6000
1	11101 = Initial Enrollment Questionnaire (IEQ)	T	6010
2	11102 = IRS/SSA/CMS Data Match	Y	6020
3	11103 = HMO Rate Cell	U	6030
4	11104 = Litigation Settlement	V	6040
5	11105 = Employer Voluntary Reporting	Q	6050
6	11106 = Insurer Voluntary Reporting	K	6060
7	11107 = First Claim Development	E	6070
8	11108 = Trauma Code Development	F	6080
9	11109 = Secondary Claims Investigation	G	6090

CWF Source Codes	MSP/COB Contractor Numbers	Nonpayment/ Payment Denial Codes	CROWD Special Project Numbers
10	11110 = Self Reports	H	7000
11	11111 = 411.25	J	7010
12	11112 = Blue Cross – Blue Shield Voluntary Agreements	12	7012
13	11113 = Office of Personnel Management (OPM) Data Match	13	7013
14	11114 = State Workers' Compensation (WC) Data Match	14	7014
15	11115 = WC Insurer Voluntary Data Sharing Agreements (WC VDSA)	15	7015
16	11116 = Liability Insurer Voluntary Data Sharing Agreements (LIAB VDSA)	16	7016
17	11117 = Voluntary Data Sharing Agreements (No Fault VDSA)	17	7017
18	11118 = Pharmacy Benefit Manager Data	18	7018
19	11119 = *Workers' Compensation Medicare Set-Aside Arrangement*	19	7019
20	11120 = To be determined	20	7020
21	11121 = MIR Group Health Plan	21	7021
22	11122 = MIR non-Group Health Plan	22	7022
""	""	""	""

CWF Source Codes	MSP/COB Contractor Numbers	Nonpayment/ Payment Denial Codes	CROWD Special Project Numbers
25	11125=Recovery Audit Contractor-California	25	7025
26	11126=Recovery Audit Contractor-Florida	26	7026
27	11127=To be Determined	27	7027
41	*11141 =COBC/MSPRC*	*41*	*7041*
43	*11143 = COBC/Medicare Part C/Medicare Advantage*	*43*	*7043*
99	11199 = To be determined	99	7099

10.2 - Definition of MSP/CWF Terms

(Rev. 76, Issued: 11-19-10; Effective Date: 04-01-11; Implementation Date: 04-04-11)

Following is a list of terms and their definitions used in MSP/CWF processing.

MSP Auxiliary File - Up to 17 beneficiary MSP occurrences/records on the CWF database.

MSP Auxiliary Record - Record of beneficiary MSP information. One MSP record/occurrence within the beneficiary's MSP auxiliary file.

Occurrence - One MSP occurrence/record within the beneficiary's MSP auxiliary file.

MSP Effective Date - Effective date of MSP coverage.

MSP Termination Date - Termination date of MSP coverage.

Validity Indicator

- Y - Beneficiary has MSP coverage (there is a primary insurer for this period of time).
- N - No MSP coverage
- I - See §10.1.

MSP Types - Reason for other coverage entitlement.

- A = Working Aged
- B = End stage renal disease (ESRD)
- D = Automobile/Liability No-Fault
- E = Workers' Compensation (WC)
- F = Federal, Public Health
- G = Disabled
- H = Black Lung (BL)
- I = Veterans Affairs (VA)
- L=Liability
- W=Workers' Compensation Medicare Set-Aside Arrangement (WCMSA)

NOTE: VA and other Federal payments are exclusions rather than MSP non-payments.

Cost Avoided Claim - A claim returned without payment because CWF indicators indicate another insurer is primary to Medicare. (See Chapter 5, §60 for complete description.)

Transaction Type - Identifies type of maintenance record.

- 0 = Transaction type to add or change MSP data
- 1 = Transaction type to delete MSP data

Override Code - Code used to bypass CWF, MSP edit to allow primary Medicare payment. (See §40.4 for a detailed explanation.)

COB MSP Contractor Numbers

CWF Source Codes	MSP Contractor Numbers	Non-payment/ Payment Denial Codes	CROWD Special Project Numbers
	33333 = Litigation Settlement	V	4000
P	55555 = HMO Rate Cell Adjustment	U	3000
B,D,T,U,V, or W	77777 = IRS/SSA/HCFA Data Match (I, II, III, IV, V, or VI)	Y	1000
Q	88888 = Voluntary Data Sharing Agreements	Q	5000
O	99999 = Initial Enrollment Questionnaire	T	2000

COB Contractor Numbers prior to January 1, 2001

CWF Source Codes	COB Contractor Numbers	Non-payment/ Payment Denial Codes	CROWD Special Project Numbers
0	11100 = COB Contractor		6000
1	11101 = Initial Enrollment Questionnaire	K	6010
2	11102 = IRS/SSA/CMS Data Match	E	6020
3	11103 = HMO Rate Cell	F	6030

CWF Source Codes	COB Contractor Numbers	Non-payment/ Payment Denial Codes	CROWD Special Project Numbers
4	11104 = Litigation Settlement	G	6040
5	11105 = Employer Voluntary Reporting	H	6050
6	11106 = Insurer Voluntary Reporting	H	6060
7	11107 = First Claim Development	E	6070
8	11108 = Trauma Code Development	F	6080
9	11109 = Secondary Claims Investigation	G	6090
X	11110 = Self Reports	H	7000
Y	11111 = 411.25	J	7010

NOTE: Effective January 1, 2001, the following COB Contractor numbers and nonpayment/payment denial codes will be used.

COB Contractor Numbers Effective January 1, 2001

CWF Source Codes	COB Contractor Numbers	Non-payment/ Payment Denial Codes	CROWD Special Project Numbers
0	11100 = COB Contractor	00 Effective 4/1/2020	6000
1	11101 = Initial Enrollment Questionnaire	T	6010

CWF Source Codes	COB Contractor Numbers	Non-payment/ Payment Denial Codes	CROWD Special Project Numbers
2	11102 = IRS/SSA/CMS Data Match	Y	6020
3	11103 = HMO Rate Cell	U	6030
4	11104 = Litigation Settlement	V	6040
5	11105 = Employer Voluntary Reporting	Q	6050
6	11106 = Insurer Voluntary Reporting	K	6060
7	11107 = First Claim Development	E	6070
8	11108 = Trauma Code Development	F	6080
9	11109 = Secondary Claims Investigation	G	6090
10 - Effective 4/1/2002	11110 = Self Reports	H	7000
11 - Effective 4/1/2002	11111 = 411.25	J	7010

11101, 11102, 11103, 11104, and 11105 use the same non-payment denial codes as their previous contractor numbers (i.e., 33333, 55555, 77777, 88888, 99999). Savings from the old and new numbers, if applicable will be reported together (e.g., 11101 and 99999, etc). There must be a conversion of the MSP savings to the new non-payment/payment denial codes as of January 1, 2001.

Additional COB Contractor Numbers Effective April 1, 2002

Effective April 1, 2002, CWF is expanding the source code field and the nonpayment/ payment denial code field from 1-position fields to 2-position fields.

CWF Source Codes	COB Contractor Numbers	Non-payment/ Payment Denial Codes	CROWD Special Project Numbers
12	11112 = Blue Cross-Blue Shield Voluntary Data Sharing Agreements	12	7012
13	11113 = Office of Personnel Management (OPM) Data Match	13	7013
14	11114 = State Workers' Compensation (WC) Data Match	14	7014
15	11115 = WC Insurer Voluntary Data Sharing Agreements (WC VDSA)	15	7015
16	11116 = Liability Insurer Voluntary Data Sharing Agreements (LIAB VDSA)	16	7016
17	11117 = Voluntary Data Sharing Agreements (No Fault VDSA)	17	7017
18	11118 = Pharmacy Benefit Manager Data	18	7018
19	11119 = Workers’ Compensation Medicare Set-Aside Arrangement	19	7019
20	11120 = To be determined	20	7020
21	11121= MIR Group Health Plan	21	7021
22	11122= MIR non-Group Health Plan	22	7022

CWF Source Codes	COB Contractor Numbers	Non-payment/ Payment Denial Codes	CROWD Special Project Numbers
23	*11123 = To be determined*	*23*	*7023*
24	*11124 = To be determined*	*24*	*7024*
25	11125 = Recovery Audit Contractor-California	25	7025
26	11126 = Recovery Audit Contractor-Florida	26	7026
27	11127 = To be determined	27	7027
“”	“”	“”	“”
41	*11141 =COBC/MSPRC*	*41*	*7041*
42	*11142 = To be determined*	*42*	*7042*
43	*11143 = COBC/Medicare Part C/Medicare Advantage*	*43*	*7043*
44	*11144 = To be determined*	*44*	*7044*
“”	“”	“”	“”
99	11199 = To be determined	99	7099

20.1.2 - MSP Change Transaction

(Rev. 76, Issued: 11-19-10; Effective Date: 04-01-11; Implementation Date: 04-04-11)

An MSP change transaction occurs when the *key fields* on the incoming maintenance transaction *match those on* an existing MSP auxiliary occurrence.

A match occurs when the following items are the same:

HICN
MSP type;
MSP effective date;
Insurance type; and
Patient relationship

When these items match, the balance of the record is overlaid.

No change transactions will be permitted to records established, except for the addition of a termination date*, by any contractor other than the COBC.*

20.1.3 - MSP Delete Transaction

(Rev. 76, Issued: 11-19-10; Effective Date: 04-01-11; Implementation Date: 04-04-11)

The MSP maintenance type "1" is used to delete an MSP auxiliary occurrence. This transaction checks the beneficiary's master record for an MSP indicator. The COBC is responsible for submitting this transaction. Medicare contractors advise the COBC, via the ECRS, of the need to process an MSP maintenance type 1 transaction (delete).

Only *certain* COBC contractor numbers may delete *MSP occurrences originated or last updated by certain other* COBC contractor numbers. *No contractor number may update or delete a MSP occurrence originated or last updated by contractor number 11100 except contractor number 11100.* Please see the table below for the exact criteria for deletion *of MSP occurrences last updated by* COBC contractor numbers. A match shall occur in order to delete *the MSP occurrence originated or last updated by one* COBC contractor number *with a delete transaction submitted under a certain* COBC contractor number. For example, COBC contractor *numbers 11100, 11110, 11141 and 11140* are the only contractor numbers that may delete *a MSP occurrence originated or last updated by 11110.* The COBC will remain the sole contractor that may delete COBC contractor numbers. *The COBC shall maintain the necessary logic to control updating and deleting MSP occurrences based on COB contractor numbers.* Medicare contractors shall follow the current restrictions regarding deletion of MSP records.

Originating or Last Updating Contractor Number	***Contractor Number That Can Update/Delete***
11100	*11100*
11110	*11100, 11110, 11141, 11140*
11141	*11100, 11110, 11141, 11140*
11140	*11100, 11110, 11141, 11140*
11121	*11100, 11110, 11141, 11140, 11121, 11143*
11143	*11100, 11110, 11141, 11140, 11121, 11143*

11105	*11100, 11110, 11141, 11140, 11121, 11143, 11105, 11102*
11102	*11100, 11110, 11141, 11140, 11121, 11143, 11105, 11102*
All others	*Any*

The COBC shall allow MIR (MMSEA Section 111) GHP responsible reporting entities (RREs) to override this update/delete hierarchy reflected in the table above under certain circumstances. MIR GHP RREs must submit an override code to the COBC after receiving an error on an attempted update/delete. The COBC will then apply the update/delete using contractor number 11121. This override capability shall not apply to MSP occurrences originated or last updated by 11100.

The COBC shall apply the same hierarchy rules represented in the table above to transactions that have the effect of adding back or reopening matching MSP occurrences previously deleted.

30.3 - MSP Auxiliary File Errors

(Rev. 76, Issued: 11-19-10; Effective Date: 04-01-11; Implementation Date: 04-04-11)

Maintenance transactions to the MSP Auxiliary file reject invalid data with errors identified by a value of "SP" in the disposition field on the Reply Record. A trailer of "08" containing up to four error codes, will always follow. See CWF documentation *in EDITMNTS.doc at http://cwf.2020llc.com/cwf/downloads/docs/docs/* for more specific information. Listed below are the possible MSP Maintenance Transaction error codes with a general description.

Error Code	Definition	Valid Values
SP11	Invalid MSP transaction record type	"HUSP", "HISP" or "HBSP"
SP12	Invalid HIC Number	Valid HIC Number
SP13	Invalid Beneficiary Surname	Valid Surname
SP14	Invalid Beneficiary First Name Initial	Valid Initial
SP15	Invalid Beneficiary Date of Birth	Valid Date of Birth
SP16	Invalid Beneficiary Sex Code	0=Unknown, 1=Male, 2=Female
SP17	Invalid Contractor Number	CMS Assigned Contractor Number
SP18	Invalid Document Control Number	Valid Document Control Number
SP19	Invalid Maintenance Transaction Type	0=Add/Change MSP Data

Error Code	Definition	Valid Values
		transaction, 1=Delete MSP Data Transaction
SP20	Invalid Validity Indicator	Y= Beneficiary has MSP Coverage, I= Entered by intermediary/ carrier - Medicare Secondary-COB investigate, N -No MSP coverage
SP21	Invalid MSP Code	A=Working Aged B=ESRD C= Conditional Payment D= No Fault E= Workers' Compensation F= Federal G= Disabled H= Black Lung I= Veteran's Administration L= Liability
SP22	Invalid Diagnosis Code 1-5	Valid Diagnosis Code
SP23	Invalid Remarks Code 1-3	See the Valid Remarks Codes Below
SP24	Invalid Insurer Type	*See definitions of Insurer Type codes below*
SP25	Invalid Insurer Name An SP25 error is returned when the MSP Insurer Name is equal to one of the following: Supplement Supplemental Insurer Miscellaneous CMS	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; : Insurer Name must be present if Validity Indicator = Y

Error Code	Definition	Valid Values
	Attorney Unknown None N/A Un Misc NA NO BC BX BS BCBX Blue Cross Blue Shield Medicare	
SP26	Invalid Insurer Address 1 and/or Address 2	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP27	Invalid Insurer City	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP28	Invalid Insurer State	Must match U.S. Postal Service state abbreviation table.
SP29	Invalid Insurer Zip Code	If present, 1st 5 digits must be numeric. If foreign country "FC" state code, the nine positions may be spaces.
SP30	Invalid Policy Number	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP31	Invalid MSP Effective Date (Mandatory)	Non-blank, non-zero, numeric, number of days must correspond with the particular month. MSP Effective Date must be less than or equal to the current date.
SP32	Invalid MSP Termination Date	Must be numeric; may be all zeroes if not used; if used, date must correspond with the

Error Code	Definition	Valid Values
		particular month.
SP33	Invalid Patient Relationship	*The following codes are valid for all MSP Auxiliary occurrences regardless of accretion date:* *01 = Self; Beneficiary is the policy holder or subscriber for the other GHP insurance reflected by the MSP occurrence* ***–or-*** *Beneficiary is the injured party on the Workers Compensation, No-Fault, or Liability claim* *02 =Spouse or Common Law Spouse* *03 = Child* *04 = Other Family Member* *20 = Life Partner or Domestic Partner* *The following codes are only valid on MSP Auxiliary occurrences with accretion dates* ***PRIOR TO 4/4/2011****:* *05 = Step Child* *06 = Foster Child* *07 = Ward of the Court* *08 = Employee* *09 = Unknown* *10 = Handicapped Dependent* *11 = Organ donor* *12 = Cadaver Donor* *13 = Grandchild* *14 = Niece/Nephew* *15 = Injured Plaintiff* *16 = Sponsored Dependent* *17 = Minor Dependent of a Minor Dependent*

Error Code	Definition	Valid Values
		18 = Parent *19 = Grandparent* *20 = Life Partner or Domestic Partner*
SP34	Invalid subscriber First Name	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP35	Invalid Subscriber Last Name	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP36	Invalid Employee ID Number	Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP37	Invalid Source Code	*Spaces, A through W, 0 – 19, 21, 22, 25, 26, 41, 43. See §10.2 for definitions of valid CWF Source Codes.*
SP38	Invalid Employee Information Data Code	Spaces if not used, alphabetic values P, S, M, F. See §30.3.4 for definition of each code.
SP39	Invalid Employer Name	Spaces if not used. Valid Values: Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP40	Invalid Employer Address	Spaces if not used. Valid Values: Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP41	Invalid Employer City	Spaces if not used. Valid Values: Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP42	Invalid Employer State	Must match U.S. Postal Service state abbreviations.
SP43	Invalid Employer ZIP Code	If present, 1st 5 digits must be numeric. If foreign country ‘FC’ is entered as the state code, and

Error Code	Definition	Valid Values
		the nine positions may be spaces.
SP44	Invalid Insurance Group Number	Spaces if not used. Valid Values: Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP45	Invalid Insurance Group Name	Spaces if not used. Valid Values: Alphabetic, Numeric, Space, Comma, & - ' . @ # / ; :
SP46	Invalid Pre-paid Health Plan Date	Numeric; number of days must correspond with the particular month.
SP47	Beneficiary MSP indicator not on for delete transaction.	Occurs when the code indicating the existence of MSP auxiliary record is not equal to "1" and the MSP maintenance transaction type is equal to '1'.
SP48	MSP auxiliary record not found for delete data transaction	See MSP Auxiliary Record add/update and delete function procedures above.
SP49	MSP auxiliary occurrence not found for delete data transaction	See MSP Auxiliary Record add/update and delete function procedures above.
SP50	Invalid function for update or delete. Contractor number unauthorized	See MSP Auxiliary Record add/update and delete function procedures above
SP51	MSP Auxiliary record has 17 occurrences and none can be replaced	
SP52	Invalid Patient Relationship Code which is mandatory for MSP Codes A, B and G when the Validity Indicator is "Y"	*Accretion Dates prior to 4/4/2011:* *Patient Relationship must be 01 or 02 for MSP Code A (Working Aged).* *Patient Relationship must be 01, 02, 03, 04, 05, 18 or 20 for MSP*

Error Code	Definition	Valid Values
		Codes B (ESRD) and G (Disabled). *Accretion Dates 4/4/2011 and subsequent:* *Patient Relationship must be 01 or 02 for MSP Code A (Working Aged).* *Patient Relationship must be 01, 02, 03, 04, or 20 for MSP Codes B (ESRD) and G (Disabled).*
SP53	The maintenance transaction was for Working Aged EGHP and there is either a ESRD EGHP or Disability EGHP entry on file that has a termination date after the Effective date on the incoming transaction or is not terminated, and the contract number on the maintenance transaction is not equal to "11102", "11104", 11105", "11106", "33333", "66666", "77777", "88888", or "99999".	
SP54	MSP Code A, B or G has an Effective date that is in conflict with the calculated age 65 date of the Bene.	For MSP Code A, the Effective date must not be less than the date at age 65. For MSP Code G, the Effective date must not be greater than the date at age 65.
SP55	MSP Effective date is less than the earliest Bene Part A or Part B Entitlement Date.	
SP56	MSP Prepaid Health Plan Date must be = to or greater than MSP Effective date or less than MSP Term. date.	
SP57	Termination Date Greater than 6 months prior to date added for Contractor numbers other than 11100 – *11119, 11121, 11122, 11126, 11141, 11143,* 33333, 55555, 77777, 88888, and 99999.	
SP58	Invalid Insurer type, MSP code, and validity indicator combination.	If MSP code is equal to "A" or "B" or "G" and validity indicator is equal to "I" or "Y" then insurer

Error Code	Definition	Valid Values
		type must not be equal to spaces.
SP59	Invalid Insurer type, and validity indicator combination	If validity indicator is equal to "N" then insurer type must be equal to spaces.
SP60	Other Insurer type for same period on file (Non "J" or "K") Insurer type on incoming maintenance record is equal to "J" or "K" and Insurer type on matching aux record is not equal to "J" or "K".	Edit applies only to MSP codes: A - Working Aged, B - ESRD EGHP, G - Disability EGHP
SP61	Other Insurer type for same period on file ("J" or "K") Insurer type on incoming maintenance record is not equal to "J" or "K" and Insurer type on matching aux record is equal to "J" or "K".	Edit applies only to MSP codes: A - Working Aged, B - ESRD EGHP, G - Disability EGHP
SP62	Incoming term date is less than MSP Effective date.	
SP66	MSP Effective date is greater than the Effective date on matching occurrence on auxiliary file	
SP67	Incoming term date is less than posted term date for Provident	
SP72	Invalid Transaction attempted	A HUSP add transaction is received from a FI or Carrier (non-COBC) with a validity indicator other than "I".
SP73	Invalid Term Date/Delete Transaction	A FI or Carrier attempts to change a Term Date on a MSP Auxiliary record with a "I" or "Y" Validity Indicator that is already terminated, or trying to add Term Date to "N" record.
SP74	Invalid cannot update "I" record.	A FI or Carrier submits a HUSP transaction to update/change an "I" record or to add an "I" record and a match MSP Auxiliary

Error Code	Definition	Valid Values
		occurrence exists with a "I" validity indicator.
SP75	Invalid transaction, no Medicare Part A benefits	A HUSP transaction to add a record with a Validity Indicator equal to "I" (from an FI/carrier) or "Y" (from COBC) with an MSP Type equal to "A", "B", "C" or "G" and the effective date of the transaction is not within a current or prior Medicare Part A entitlement period, or the transaction is greater than the termination date of a Medicare entitlement period.
SP76	*MSP Type is equal to W (Workers' Compensation Medicare Set-Aside) and there is an open MSP Type E (Workers' Compensation) record.*	

30.3.2 - Valid Insurance Type Codes

(Rev. 76, Issued: 11-19-10; Effective Date: 04-01-11; Implementation Date: 04-04-11)

Insurer Type Code	Definition
A	*GHP Hospital and Medical Coverage* ***-or-*** *Other Non-GHP*
B	GHO
C	Preferred Provider Organization (PPO)
D	Third Party Administrator arrangement under an Administrative Service Only (ASO) contract without stop loss from any entity.
E	Third Party Administrator arrangement with stop loss insurance issued from any entity.
F	Self-Insured/Self-Administered.
G	Collectively-Bargained Health and Welfare Fund.
H	Multiple Employer Health Plan with at least one employer who has more than 100 full and/or part-time employees.
I	Multiple Employer Health Plan with at least one employer who has more than 20 full and/or part-time employees.
J	*GHP* Hospitalization Only Plan - A plan that covers only Inpatient hospital services.
K	*GHP* Medical Services Only Plan - A plan that covers only non-inpatient medical services.
M	Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan.
R	GHP Health Reimbursement Arrangement
S	GHP Health Savings Account
SPACES	Unknown

NOTE: For MSP occurrences with accretion dates of 4/4/2011 and subsequent, the only valid Insurer Type Codes are A, J, K, R, S, and spaces.

50.3 - MSP "W' Record and Accompanying Processes

(Rev. 76, Issued: 11-19-10; Effective Date: 04-01-11; Implementation Date: 04-04-11)

I. Common Working File Requirements (CWF)

Effective July 1, 2009, the Common Working File(CWF) shall accept a new Medicare Secondary Payer(MSP) code " W" for Workers' Compensation Medicare Set-Aside Arrangements(WCMSA) for use on the HUSP records for application on the HUSP Auxiliary File. The CWF shall indicate the description name for a MSP code "W" record as "WC Medicare Set-Aside.

The CWF shall accept a new contractor number 11119 on incoming MSP "W" HUSP records for application on the MSP Auxiliary file. The CWF shall accept a "19" in the source code field on both the HUSP, HUSC and HUST transactions for contractor 11119. The CWF shall accept the "Y" validity indicator for HUSP and HUSC transactions created by contractor 11119. The CWF shall return a "19" in the Source Code field of the '03' response trailer.

The CWF shall allow contractors 11100, 11101, 11102, 11103, 11104, 11105, 11106, 11107, 11108, 11109, 11110, 11111, 11112, 11113, 11114, 11115, 11116, 11117, 11118, 11119, 11122, 11125, 11126, 11140,11141, 11143, 33333, 55555, 77777, 88888, 99999, to update, delete, change records originated or updated by contractor 11119.

CWF will create and send a HUSC transaction to the contractor's shared systems that have processed claims for each beneficiary when an add or change transaction is received for contractor 11119 or from contractor 11119. The CWF shall use the following address for contractor number 11119:

WCMSA
P.O. Box 33847
Detroit, MI 48232

The CWF shall apply the same MSP consistency edits for Workers' Compensation (WC) code "E" to MSP code "W".

The CWF maintainer shall create a new error code (6815). The message for this new error code (6815) shall read "WC Set-Aside exists. Medicare contractor payment not allowed". CWF shall activate this error under the following conditions
:

- A MSP code "W" record is present.
- The record contains a diagnosis code related to the MSP code "W" occurrence.

The CWF shall ensure that error code 6815 may be overridden by Medicare contractors with a code N or M, for claim lines or claims on which workers' compensation set-aside diagnosis do not apply. CWF shall accept the accept the new error code (6815) as returned on the 08 trailer.

The CWF will create a new HUSP transaction error code, SP76, to set when an incoming HUSP transaction with MSP Code "W" is submitted and the beneficiary MSP Auxiliary file contains an open MSP occurrence with MSP code "E" with the same effective date and diagnosis code(s).

II. Shared Systems and Medicare Contractors

Effective July 1, 2009, contractor shared systems shall accept a new MSP Code "W" to identify a Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) for use on HUSP records for application on the HUSP Auxiliary file. The Medicare shared systems shall accept the description name of 'WC Medicare Set-Aside' for MSP code "W" records.

The shared system shall accept a new contractor number "11119" on incoming MSP 'W' HUSP records for application on the MSP Auxiliary file.

The shared systems shall accept contractor number 11119 and MSP code " W" and source code "19" on the returned 03 CWF trailer.

The contractor shared systems shall accept "19" in the source code field on the HUS, HUSC, and HUST transactions for contractor 11119. The shared systems shall accept a "Y" validity indicator, as well as, MSP code W for HUSC transactions created by contractor 11119.

The contractor shared systems shall accept and process HUSC and HUST transactions when an add, change or delete transaction is received for contractor 11119 or from contractor 11119.

The CROWD report shall be updated to reflect special project number '7019' as Workers' Compensation Set-Aside Arrangements.

Shared systems shall accept "19" in the header Payment Indicator field and in the detail Payment Process Indicator field for Contractor 11119.

Medicare contractors and their systems shall continue to accept claims with value code 15 for Part A and Insurance Code (15) for Part B and DME MAC against an open "W" MSP Auxiliary file.

The shared systems shall accept new error code (6815) as returned with the 08 trailer. Following receipt of the utilization error code 6815, the Medicare contractors systems shall deny all claims (including conditional payment claims) related to the diagnosis codes on the CWF MSP code "W", when there is no termination date entered for the "W" code.

Upon denying the claim, all contractor shared systems shall create a "19" Payment Denial Indicator in the header of its HUIP, HUOP, HUHH, HUHC, HUBC, HUDC claims.

Upon denying the claim Carriers, DMACS, MCS and VMS shall…

- Populate a “W” in the MSP code field and
- Create a ‘19’ in the HUBC and HUDC claim header transaction and a ‘19’ in the claim detail process.

Upon denying the claim Part A contractors and the FISS system shall…

- Populate a 15 in the value code field, in addition to the requirements referenced above.

For MSP verification purposes, and prior to overriding claims on which the contractor received error code 6815, the contractor shall:

- check CWF to confirm that date the date of service of the claim is after the termination date of the MSP “W” record.
- and confirm the diagnosis code on the claim is related to the diagnosis codes on the MSP W record.

Carriers/DME MACs shall override the payable lines with override code N.

The FI contractors shall override the payable claims with override code N. If a claim is to be allowed, a ‘N’ shall be placed on the “001” Total revenue charge line of the claim.

The contractor shared systems shall allow an override of new error code 6815 with the code N.

The Comprehensive Error Rate Testing (CERT) contractor shall accept the MSP code ”W” in the claim resolution field.

The shared systems shall bypass the MSPPAY module if there is an open MSP code “W”.

The shared systems shall not make payment for those services related to diagnosis codes associated with the “W” Auxiliary record when the claims date of service is on or after the effective date and before or on the termination date of the record.

The shared systems shall make payment for those services related to the diagnosis codes associated with the “W” auxiliary record when a terminate date is entered and the claims date for service is after the termination date.

The shared systems shall include Reason Code 201, Group Code “PR”, Remark Code MA01, when denying claims based on a ‘W’ MSP auxiliary record on outbound 837 claims.

The shared systems shall utilize Group Code “PR”; Remark Code MA01, Reason Code 201, when denying claims based on a “W” MSP auxiliary record for 835 ERA and SPR messages.

The shared system shall afford appeal rights for denied MSP code “W” claims.

III. The Medicare Contractors:

- Shall not make payment for those services related to diagnosis codes associated with an open “W” auxiliary record (not termed).

- Shall make payment for those services related to diagnosis codes associated with a termed auxiliary “W” record when the claims date of service is after the termination date.

The Medicare contractors shall include Reason Code 201, Group Code “PR”, Remark Code MA01, when denying claims based on a ‘W’ MSP auxiliary record on outbound 837 claims.

The Medicare contractors shall utilize Group Code “PR”; Remark Code MA01, Reason Code 201, when denying claims based on a “W” MSP auxiliary record for 835 ERA and SPR messages.

The Medicare Contractors and share systems shall afford appeal rights for denied MSP code “W” claims.

Those systems responsible for the 270/271 transaction shall ensure that documentation concerning the EB value and qualifier WC is updated.

The CROWD report shall be updated to reflect special project number “7019” as Workers’ Compensation Medicare Set-Aside Arrangements.

70 - Converting Health Insurance Portability and Accountability Act (HIPAA) Individual Relationship Codes to Common Working File (CWF) Medicare Secondary Payer (MSP) Patient Relationship Codes

(Rev. 76, Issued: 11-19-10; Effective Date: 04-01-11; Implementation Date: 04-04-11)

CMS has realized that its Common Working File (CWF) HUSP transaction does not allow for the correct association of HIPAA individual relationship codes, as found in the HIPAA 837 (version 4010) Institutional and Professional Claims Implementation Guides, with corresponding MSP Type Codes, such as working aged (A), end-stage renal disease (B), and disability (G). Therefore, effective July 6, 2004, all intermediaries that receive incoming electronic HIPAA, DDE, or hard copy claims that are in the HIPAA ANSI X-12 format shall convert the incoming individual relationship codes to their equivalent CWF patient relationship codes. Until further notice, intermediaries shall continue to operate under the working assumption that all providers will be including HIPAA individual relationship codes on incoming claims.

Before CMS' systems changes are effectuated, intermediaries may receive SP edits (i.e., SP-33 and SP-52) that indicate that an invalid patient relationship code was applied. Intermediaries are to resolve those edits by manually converting the HIPAA individual relationship code to the CWF patient relationship code, as specified in the conversion chart below. If the intermediary receives MSP edits and can determine that the HIPAA individual relationship code rather than the CWF patient relationship code was submitted on the incoming claim, it shall manually work the MSP edits incurred by converting the HIPAA individual relationship code to the appropriate CWF patient relationship code.

Until Part A shared system changes are effectuated to convert HIPAA individual relationship codes to CWF patient relationship codes, intermediaries may move claims with a systems age of 30 days or older that have suspended for resolution of patient relationship code, including SP-33 or SP-52 edits, to condition code 15 (CC-15).

The Part A contractor system shall utilize the conversion *charts*, found below, to cross-walk incoming HIPAA individual relationship codes to the CWF patient relationship code values.

For MSP Occurrences with accretion dates PRIOR to 4/4/2011:

HIPAA Individual Relationship Codes	Convert To CWF Patient Relationship Codes	Valid Values
18	01	Patient is Insured
01	02	Spouse
19	03	Natural Child, Insured has financial responsibility
43	04	Natural Child, insured does not have

HIPAA Individual Relationship Codes	Convert To CWF Patient Relationship Codes	Valid Values
		financial responsibility
17	05	Step Child
10	06	Foster Child
15	07	Ward of the Court
20	08	Employee
21	09	Unknown
22	10	Handicapped Dependent
39	11	Organ donor
40	12	Cadaver donor
05	13	Grandchild
07	14	Niece/Nephew
41	15	Injured Plaintiff
23	16	Sponsored Dependent
24	17	Minor Dependent of a Minor Dependent
32,33	18	Parent
04	19	Grandparent
53	20	Life Partner
29	N/A	Significant Other
30	N/A	?
31	N/A	?
36	N/A	?
G8	N/A	?
Other HIPAA Individual	N/A	?

HIPAA Individual Relationship Codes	Convert To CWF Patient Relationship Codes	Valid Values
Relationship Codes		

For MSP Occurrences with accretion dates 4/4/2011 AND SUBSEQUENT:

HIPAA Individual Relationship Codes	*Convert To CWF Patient Relationship Codes*	*Description*
18	*01*	*Self; Beneficiary is the policy holder or subscriber for the other GHP insurance reflected by the MSP occurrence –or- Beneficiary is the injured party on the Workers Compensation, No-Fault, or Liability claim*
01	*02*	*Spouse*
19	*03*	*Child*
43	*03*	*Child*
17	*03*	*Child*
10	*03*	*Child*
15	*04*	*Other*
20	*04*	*Other*
21	*04*	*Other*
22	*04*	*Other*
39	*04*	*Other*
40	*04*	*Other*
05	*04*	*Other*
07	*04*	*Other*
41	*01*	*Self; Beneficiary is the policy holder or subscriber for the other GHP insurance reflected by the MSP occurrence –or- Beneficiary is the injured party on the*

HIPAA Individual Relationship Codes	***Convert To CWF Patient Relationship Codes***	***Description***
		Workers Compensation, No-Fault, or Liability claim
23	*04*	*Other*
24	*04*	*Other*
32,33	*04*	*Other*
04	*04*	*Other*
53	*20*	*Life Partner*
29	*N/A*	*Significant Other*
30	*N/A*	*?*
31	*N/A*	*?*
36	*N/A*	*?*
G8	*N/A*	*?*
Other HIPAA Individual Relationship Codes	*N/A*	*?*

Intermediaries shall allow for the storing of CWF patient relationship codes in their internal MSP control files, since these files should be populated with information sent back to the intermediaries' systems via the automated HUSC transaction.