

Coordination of Benefits Agreement (COBA) Program Technical Readiness Assessment Survey

The purpose of this survey is to measure your organization's technical readiness status for participation in the COBA process in accordance with the technical requirements as specified in the COBA Implementation User Guide. Before responding to this survey, you would want to become familiar with the technical requirements of the COBA program as outlined in the COBA Implementation User Guide, located at www.cms.hhs.gov/COBAgreement. **(NOTE: **If you are a Medigap insurer and will participate in the national COBA Medigap claim-based crossover process exclusively, you are not required to provide responses to any of the questions below concerning eligibility files.)**

The technical requirements of the COBA program consist of the following four parts:

- Transfer Medium and Software
- File Formats and Specifications
- Resource Requirements
- Voluntary Data Sharing Agreement (VDSA) Program

Transfer Medium and Software

1. How does your organization currently send and receive Medicare crossover files, such as eligibility and claims?

Electronic Transmission Protocol (as applicable)

- Connect Direct (formerly known as Network Data Mover)
- Secure File Transfer Protocol (SFTP)
- Other- Please specify: _____

Non-electronic Transmission Protocol (as applicable)

Tape/cartridge

- 3480
- 3490

Reel

- 1600 BPI
- 6250 BPI

Other - Please specify: _____

2. As applicable, specify the Health Insurance Portability and Accountability Act (HIPAA) pre-validation software used by your organization:

- Faciledi
- Claredi
- Validedi
- Forsyth
- Other: Please specify: _____

3. As applicable, specify the HIPAA EDI translator used by your organization:

_____.

File Formats and Specifications

The Eligibility File format supported under the COBA program includes the current 200-byte flat file, with an additional E02 record for the reporting of Trading Partner's drug coverage information, if applicable. Furthermore, for the eligibility file-based crossover process, the COBA program will feature a validation routine to ensure that the Trading Partner's covered members are appropriately identified for claims crossover purposes.

Along with validating the Medicare Health Insurance Claim Number (HICN), the COBC will validate that three of the following four data elements match in order for the eligibility record to post to the Medicare Common Working File (CWF): (1) Beneficiary Surname (first six characters), (2) Beneficiary First Name, (3) Beneficiary Birth Date, and (4) Beneficiary Sex Code (using "M" as the default when the Beneficiary Sex Code is unknown).

Please refer to the COBA Implementation User Guide for other specifications such as Trailer Record Count and optional use of add/change/delete versus full file replacement.

*****Eligibility Files***

- Yes:** my organization currently meets all the eligibility file requirements in accordance with the COBA eligibility file format and specifications.
- No:** my organization does not meet all the eligibility file requirements in accordance with the COBA eligibility file format and specifications. We could complete the necessary work to meet all the requirements by _____ (month and year).
- Current Record Count

Provide an approximate count of the records contained in a single eligibility file.

Note: If the same file is sent and copied multiple times, just provide the one-time count.

If multiple files are sent for more than one line of business, provide a record count for each individual eligibility file:

_____ records
_____ records
_____ records
_____ records

Geographic Concentration

Where do **most** of the beneficiaries (as represented on the eligibility file) reside?

State(s) of _____

Claims File Formats

- Yes:** my organization currently meets all the claims files requirements in compliance with the HIPAA standard formats and specifications.
- No:** my organization does not meet all the claims files requirements in compliance with the HIPAA standard formats and specifications. We would be able to complete the necessary work to meet all the requirements by _____ (month and year) or by the date required by CMS, as in the case of the COBA Medigap claim-based crossover process .

Resource Requirements

- My organization currently has the necessary resources (including staffing) available from start to finish, without breaks, for purposes of conducting the following tests with the COBC and providing ongoing feedback regarding the results encountered:
- File Transfer Setup
 - Eligibility Files
 - Claims Files
 - Financial Systems
- My organization will need to engage the services of another entity to obtain the necessary resource requirements in the areas of file transfer set-up, eligibility files (as applicable), claims file, and financial systems for purposes of conducting tests with the COBC and providing ongoing feedback regarding results encountered.

Voluntary Data Sharing Agreement (VDSA) Program

Trading Partners must have the Medicare HICN to populate the COBA **Eligibility File. The Centers for Medicare & Medicaid Services (CMS) recognizes that it is often difficult for Trading Partners to obtain this information on their covered members through their existing channels. Therefore, CMS is looking to offer a method for you to obtain this information through its VDSA program.

The VDSA allows for the electronic data exchange of group health plan (GHP) data and Medicare entitlement data between CMS and insurers. The agreement establishes the conditions under which the insurer provides CMS with GHP data on insured individuals and CMS provides the insurer with Medicare entitlement information for identified Medicare individuals. This allows the parties to coordinate health care benefit payments more effectively.

- Yes:** my organization has signed a VDSA agreement with CMS.
- No:** my organization has not signed a VDSA agreement with CMS.
- No:** my organization has not signed a VDSA agreement with CMS, but we are interested in pursuing this option.

Survey Respondent's Information

Name: _____

Title/Position: _____

Company/Organization: _____

Mailing Address: _____

City/State/Zip: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Date Completed: _____

Thank you for your assistance. Please e-mail your completed response to COBVA@ghimedicare.com. If your current version of Adobe Acrobat does not provide the option to save this form, please print the completed form and fax to (646) 458-6761 or mail to the following address:

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