



## ATTACHMENT

TRADING PARTNER NAME: \_\_\_\_\_

TIN/EIN: \_\_\_\_\_

NATURE OF ACTION ON THIS ATTACHMENT:

- NEW TRADING PARTNER/COBA ID
- CHANGES AS NOTED      COBA ID \_\_\_\_\_
- CANCELLATION              COBA ID \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF TRADING PARTNER

\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
TITLE (PRINT)

\_\_\_\_\_  
DATE (PRINT)

**NOTE:**

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

## Section I. Trading Partner Information

Please check **only one (1)** line of business that you represent and complete an Attachment packet for that one selection. If you represent more than one line of business, you must complete a separate Attachment packet, which includes Section I through V, for each line of business. Please refer to the COBA Implementation User Guide for further guidance.<sup>1</sup>

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

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

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

4.  The Trading Partner identified above is a **State Medicaid Agency, or fiscal agent of same**, responsible for administration of Title XIX of the Social Security Act.

5.  Other – Not otherwise described, e.g., Federal Employee Health Benefit Plan, third party administrator, Veteran’s Administration/CHAMPUS in selections 1 through 4 above.

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<sup>1</sup> The COBA Implementation User Guide is located at [www.cms.hhs.gov/COBAgreement](http://www.cms.hhs.gov/COBAgreement).

## Section II. COBA Service Information

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

### **A. TRADING PARTNER CONTACT INFORMATION**

#### **1. Administrative Contact**

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

#### **2. Technical Contact**

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**3. Invoice Contact**

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**B. CMS CONTRACTOR'S CONTACT INFORMATION**

Name: Jim Brady

Company/Organization: Medicare Coordination of Benefits Contractor

Address: 25 Broadway, 12<sup>th</sup> Floor

City/State/Zip: New York, NY 10004

Telephone Number: (646) 458-6740

Fax Number: (646) 458-6761

E-Mail Address: [cobva@ghimedicare.com](mailto:cobva@ghimedicare.com)

### **Section III. Data Transfer Information**

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

#### **A. Eligibility File**

##### **Part 1. COBA Eligibility Record – Medicare Parts A and B Claims Crossover**

1. Format: Refer to the COBA Implementation User Guide for Eligibility File specifications and layout.
2. Frequency of Eligibility File:  
 Monthly  
 Bi-Weekly

Note: The frequency options are subject to change upon notification.

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

#### **NOTES:**

- a) The CMS Contractor will establish a specific day of the week or day of the month on which Eligibility Files will be sent.
- b) The Trading Partner may submit eligibility files outside its regularly scheduled eligibility file frequency (i.e., monthly or bi-weekly) if it is taking action to reconcile any errors in the most recent submission. Otherwise, an early submission will be rejected.
- c) The Trading Partner will be responsible for submitting an eligibility file containing specific members if a recovery of claims is requested for those members.
- d) Upon request, the CMS Contractor will provide the Trading Partner with an eligibility file as it exists at the CMS Contractor, and which mirrors the information housed at CMS’ Common Working File (CWF), to accommodate synchronization of eligibility records.

4. Media Type:

Please indicate below the media type that will be used for Eligibility File transfers.

Please check one:

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

## **Part 2. Drug Eligibility Record – Prescription Drug Coverage**

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

See the COBA Implementation Guide (Section 4.2) for further information on how the E02, Drug Coverage Eligibility Record, may be used for COBA query purposes to obtain a Health Insurance Claim Number when only the Social Security Number is available.

### **Please check all that apply:**

#### **1. Prescription Drug Coverage the Trading Partner Offers:**

- Trading Partner does not offer prescription drug coverage that is supplemental to the Medicare Part D benefit.
- Trading Partner does offer prescription drug coverage that is supplemental to the Medicare Part D benefit. The trading partner administers and directly pays prescription drug benefits for those members with prescription drug coverage. (Complete 2 and 4 through 6.)
- Trading partner does offer prescription drug coverage that is supplemental to the Medicare Part D benefit but contracts with a pharmaceutical benefit manager (PBM) to pay prescription drug benefits in the pharmacy network. Please provide the name of the PBM here and also list the entity in Section V of this Attachment. (Complete 2 and 4 through 6.)

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

- Trading Partner or the separate entity named above and in Section V will submit the drug eligibility record through the alternative Voluntary Data Sharing Agreement (VDSA) process no later than 90 calendar days from the COBA production date.
- Trading Partner or the separate entity named above and in Section V will submit the drug eligibility record through this Coordination of Benefits Agreement via the E02 format no later than 90 days from the COBA production date.

Trading Partner is undecided on submission method at this time but will notify the COBC of the submission method through the Voluntary Data Sharing Agreement or Coordination of Benefits Agreement within 60 days of signing this agreement. The drug eligibility record will be submitted, accordingly, no later than 90 days from the COBA production date.

3. **Format:** Refer to the COBA Implementation User Guide for the E02 Drug Eligibility Record specifications and layout at [www.cms.hhs.gov/COBAgreement/Downloads/COBAguide.pdf](http://www.cms.hhs.gov/COBAgreement/Downloads/COBAguide.pdf). Refer to the VDSA User Guide for the VDSA Drug Eligibility Record specifications and layout at [www.cms.hhs.gov/InsurerServices/Downloads/vdsauserguide.pdf](http://www.cms.hhs.gov/InsurerServices/Downloads/vdsauserguide.pdf).

4. **Frequency of Eligibility File:**

- Bi-Weekly (Offered only through COBA E02)  
 Monthly (Offered through COBA E02 and VDSA)

Note: The frequency options are subject to change upon notification.

5. **Eligibility File Type:**

- Updates (Adds, Changes, Deletes)  
 Full File Replacement (May be eliminated at a future date)

Notes:

- a) The CMS Contractor will establish a specific day of the week or day of the month on which Eligibility Files will be sent.  
b) The Trading Partner may submit eligibility files outside its regularly scheduled eligibility file frequency (i.e., monthly or bi-weekly) if it is taking action to reconcile a severe error in the most recent submission.

6. **Media Type:**

Please indicate below the media type that will be used for Eligibility File transfers.

Please check one:

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

**B. COBA Claims File**

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

1. **Format:** The claim formats currently supported under this Agreement include:  
*ANSI 837 Version 4010A1 (Institutional) or most current version*  
*ANSI 837 Version 4010A1 (Professional) or most current version*



*NCPDP Version 5.1 Batch Standard 1.1 or most current version (unless excluded in Section IV of this Attachment)*

**NOTE:** Please refer to the COBA Implementation User Guide for updated Claims File specifications and layout.

2. Outbound Claims File Receiver Qualifier and Identification:  
For receipt of the ANSI X12N 837 COB Version 4010A1 (or most current version) Institutional and Professional Claim, the Trading Partner prefers the following designations for the ISA 07 and ISA 08 fields:

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

\_\_\_\_\_ ISA-08 (Receiver ID—15 bytes)

For receipt of the NCPDP Version 5.1 Batch Standard 1.1 Claim (or most current version, the Trading Partner prefers the following designation:

\_\_\_\_\_ Receiver ID—24 bytes

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

3. Frequency of Claims File:

- Daily
- Weekly specify day below.
- Bi-Weekly specify day below
- Monthly specify day below.

- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

4. Media Type:

Please indicate below the media type that will be used for Claim File transfers. Please refer to the COBA Implementation User Guide for transmission information and worksheet.

Please check one:

Connect Direct (NDM)

Secure File Transfer Protocol (SFTP) or Hypertext Transfer Protocol Secure (HTTPS)

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

Yes       No

NOTE: Provider electronic remittance advice will identify only one Trading Partner. A Medigap eligibility file-based Trading Partner name is the primary. The Trading Partner name will print as submitted on the Eligibility File.

## Section IV. Claims Selection Options

### A. Fiscal Intermediary/Medicare Administrative Contractor (MAC)/Regional Home Health Intermediary (RHHI) Types of Bills (TOBs)

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

1.  Check here if you would like to **receive all types of bills**. (Will include all Fiscal Intermediary, Specialty Fiscal Intermediary, MAC and Fiscal Intermediary/RHHI TOBs as listed below)
  
2.  Check here if you **do not** wish to receive any types of bills. (Will exclude receipt of all Fiscal Intermediary, Specialty Fiscal Intermediary, MAC and Fiscal Intermediary/RHHI TOBs as listed below)
  
3. Otherwise, place a mark next to those types of bills you wish to **exclude**. The selection criteria are based on the first two digits of the type of bill. (Will receive those TOBs with no mark.)

#### ***Fiscal Intermediary/MAC TOBs:***

Institutional	TOB	Description
<input type="checkbox"/> PART A	11	Hospital: Inpatient Part A
<input type="checkbox"/> PART A	12	Hospital: Inpatient Part B
<input type="checkbox"/> PART A	13	Hospital: Outpatient
<input type="checkbox"/> PART A	14	Hospital: Other Part B (Non-patient)
<input type="checkbox"/> PART A	18	Hospital: Swing Bed
<input type="checkbox"/> PART A	21	Skilled Nursing Facility: Inpatient Part A
<input type="checkbox"/> PART A	22	Skilled Nursing Facility: Inpatient Part B
<input type="checkbox"/> PART A	23	Skilled Nursing Facility: Outpatient
<input type="checkbox"/> PART A	71	Clinic: Rural Health

<input type="checkbox"/> PART A	72	Clinic: Freestanding Dialysis
<input type="checkbox"/> PART A	74	Clinic: Outpatient Rehabilitation Facility
<input type="checkbox"/> PART A	75	Clinic: Comprehensive Outpatient Rehabilitation Facility (CORF)
<input type="checkbox"/> PART A	76	Clinic: Comprehensive Mental Health Clinic
<input type="checkbox"/> PART A	83	Special Facility: Ambulatory Surgical Center
<input type="checkbox"/> PART A	85	Primary Care Hospital

***Specialty Fiscal Intermediary TOBs:***

<b>Institutional</b>	<b>TOB</b>	<b>Description</b>
<input type="checkbox"/> PART A	24	Skilled Nursing Facility: Other Part B (Non-patient)
<input type="checkbox"/> PART A	28	Skilled Nursing Facility: Swing Bed
<input type="checkbox"/> PART A	41	Christian Science/Religious Non-Medical Services (Hospital)
<input type="checkbox"/> FQHC	73	Clinic: Federally Qualified Health Center
<input type="checkbox"/> PART A	79	Clinic: Other

***RHHI TOBs:***

<b>Institutional</b>	<b>TOB</b>	<b>Description</b>
<input type="checkbox"/> RHHI	32	Home Health: Part B Trust Fund (See Note Below)
<input type="checkbox"/> RHHI	33	Home Health: Part A Trust Fund (See Note Below)
<input type="checkbox"/> RHHI	34	Home Health: Outpatient
<input type="checkbox"/> RHHI	81	Special Facility: Hospice Non-Hospital
<input type="checkbox"/> RHHI	82	Special Facility: Hospice Hospital

**NOTE:** Effective October 1, 2007, all home health type of bills (329 and 339) will no longer contain Durable Medical Equipment (DME) components. Therefore, effective with claims processed on or after October 1, 2007, trading partners are advised that inclusion of these claims for crossover purposes would typically result in their receipt of fully paid claims, without co-insurance remaining. Trading partners may, however, still wish to receive these claims if they would pay during situations where Medicare

completely denies the claims, such as when a non-participating Medicare home health agency is used or an appropriate plan of care was not ordered/arranged.

**B. Fiscal Intermediary/MAC/RHHI Claims (Institutional) by Provider/State**

**NOTE: Since Medigap claim-based recipients will not receive institutional claims via their crossover process, they may not make elections below.**

1.  Check here if you wish to receive all Fiscal Intermediary/MAC/RHHI claims for all providers and all states. (Will receive all institutional claims)

2. Otherwise, indicate below if claims selection is to be done by provider identification number (may not be an available choice when NPI is fully implemented) or by provider state. Please select one:

- Provider Identification Number (may not be an available choice when NPI is fully implemented) or
- Provider State

3. Please indicate, below, whether the list of provider identification numbers (may not be an available choice when NPI is fully implemented) or provider states in Item 4 is to be included or excluded. Please select one.

- Included or**
- Excluded**

4. List provider identification numbers (may not be an available choice when NPI is fully implemented) **or** provider states to be included or excluded as indicated above.


**C. Carrier/MAC Claims (Professional) by State**

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

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

- Included or**
- Excluded**

3. List all states to be included or excluded as indicated above. Use the alpha state code "RR" to designate Part B Railroad Retirement Board Claims and "US" to designate receipt of Competitive Acquisition Plan (CAP) Part B vendor claims. (**NOTE:** Use of the "US" code to include or exclude CAP Part B vendor claims will not be activated until a future date that CMS will designate.)


**D. Durable Medical Equipment Medicare Administrative Contractor (DMAC) Claims (Professional/NCPDP) by Jurisdiction**

1.  Check here if you would like to receive all DMAC claims. (Will receive all claims processed by DMACs in all Jurisdictions)

2. Otherwise, place a mark next to the specific Jurisdiction(s) you wish to **exclude**.

Jurisdiction A: Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.

Jurisdiction B: Kentucky, Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin.

- Jurisdiction C: Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, and Virgin Islands, Virginia, and West Virginia
- Jurisdiction D: Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, North Mariana Islands, Oregon, South Dakota, Utah, Washington, and Wyoming.

In addition to Section IV.A, B, C and D, complete Section IV.E below to complete claim selection options.

**E. Common Claim Types (Institutional/Professional/NCPDP)**

1.  Check here if you would like to receive all claim types listed below.
2. Otherwise, place a mark next to the claim types you wish to **exclude**.

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

**SPECIAL NOTE: Medigap claim-based crossover recipients may, in accordance with Medicare law and procedures, only exclude the following claim types from their crossover process with the COB Contractor: 1, 2, 3, 5, 6, 7, 8, 10, and 14. Such entities may also initially exclude NCPDP claims until the CMS advises through its CMS Contractor that these claims must be accepted as part of the COBA Medigap claim-based crossover process.**

Claim Type	Exclude
1. Non-Assigned. <b>See note above.</b>	<input type="checkbox"/>
2. Original Medicare claims fully paid without deductible or co-insurance remaining.	<input type="checkbox"/>
3. Adjustment claims fully paid without deductible or co-insurance remaining.	<input type="checkbox"/>
4. Original Medicare claims paid at greater than 100% of submitted charges without deductible or co-insurance remaining. ( <b>NOTE:</b> This option also affects receipt of Part B ambulatory surgical center (ASC) claims that carry co-insurance and deductible responsibilities)	<input type="checkbox"/>
5. 100% denied original claims, with no additional beneficiary liability.	<input type="checkbox"/>

6. 100% denied adjustment claims, with no additional beneficiary liability.	<input type="checkbox"/>
7. 100% denied original claims, with additional beneficiary liability.	<input type="checkbox"/>
8. 100% denied adjustment claims, with additional beneficiary liability.	<input type="checkbox"/>
9. Adjustment claims, monetary (see 11 below to also exclude only Medicare Physician Fee Schedule [MPFS] updates).	<input type="checkbox"/>
10. Adjustment claims, non-monetary/statistical (see 12 below to also exclude non-monetary mass adjustments).	<input type="checkbox"/>
11. Mass adjustment claims tied to MPFS updates (monetary in nature) (**available no earlier than July 2, 2007**)	<input type="checkbox"/>
12. Mass adjustment claims-other (could be monetary or non-monetary in nature) (**available no earlier than July 2, 2007**) Please note the Section of the COBA Implementation Guide for the impact to claim volume if this exclusion is selected.	<input type="checkbox"/>
13. Medicare Secondary Payer (MSP) claims (to globally exclude MSP paid or denied claims)	<input type="checkbox"/>
14. MSP cost-avoided (fully denied) claims	<input type="checkbox"/>
15. Claims if other insurance exists for beneficiary. <b>See note above.</b>	<input type="checkbox"/>
16. National Council for Prescription Drug Programs (NCPDP) claims.	<input type="checkbox"/>
17. All Adjustment Claims (Available starting April 1, 2008)	<input type="checkbox"/>



## Section V. Trading Partner Contractor Disclosure

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

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

Name of Trading Partner Contractor(s):

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