



Related Medlearn Matters Article #: SE0504

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*The Centers for Medicare & Medicaid Services (CMS) Consolidation of the Claims Crossover Process*

### Key Words

Crossover, Agreement, Consolidating, COBC, COBA, FY 2005, Testing, Transitioning, Implementation, CR3218, MM3218, Process, Difference, SE0504, Consolidation

### Provider Types Affected

All Medicare physicians, providers, and suppliers

### Key Points

- Medicare claims crossover process is being consolidated under special Coordination of Benefits (COB) through Coordination of Benefit Agreement (COBA) initiative
- Under new process, supplemental payers/insurers will sign one national crossover agreement and work directly with Coordination of Benefits Contractor (COBC)
- Supplemental payer/insurer will:
  - Send eligibility files to identify its covered members, and
  - Receive outbound HIPAA ANSI X-12N 837 COB and National Council for Prescription Drug Programs (NCPDP) claims for use in calculating secondary payment liability
- Testing of consolidated crossover process began with approximately ten supplemental payers/insurers on July 6, 2004
- Transitioning of all supplemental payers/insurers from existing eligibility file-based crossover process to national COBA process will begin throughout fiscal year 2005
- CR 3109 provided detailed requirements for eligibility file-based crossover and claim-based (mandatory Medigap) crossover
- CR 3218 provided new implementation strategy for COBA initiative, major changes to many requirements published in CR 3109, and moved implementation of claim based crossover to a future date
- Key difference between existing automatic crossover process and new COBA automatic crossover process is when supplemental payer/insurer provides CMS with specific claim types and member information for those claims they wish to receive, claims will be crossed over to supplemental payers/insurers only after claims have left Medicare claims payment floor

- **Physician, provider, and supplier offices should receive payment and/or processing information** from a patient's supplemental payer/insurer **after the Medicare payment has been received** (once the supplemental payer/insurer has transitioned to the COBA crossover process).
- CMS web site <http://www.cms.hhs.gov/medicare/cob/coba/coba.asp>, will provide, on the COBA portion of the site, a listing of eligibility file-based COBA trading partners

### Important Links

<http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/SE0504.pdf>

<http://www.cms.hhs.gov/medlearn/matters/mmarticles/2004/MM3218.pdf>

[http://www.cms.hhs.gov/manuals/pm\\_trans/R138CP.pdf](http://www.cms.hhs.gov/manuals/pm_trans/R138CP.pdf)

<http://www.cms.hhs.gov/medlearn/matters/mmarticles/2004/MM3109.pdf>

[http://www.cms.hhs.gov/manuals/pm\\_trans/R98CP.pdf](http://www.cms.hhs.gov/manuals/pm_trans/R98CP.pdf)