

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-05 Medicare Secondary Payer	Centers for Medicare & Medicaid Services (CMS)
Transmittal 61	Date: October 3, 2008
	Change Request 6182

NOTE: Transmittal 60, dated September 19, 2008 is being rescinded and replace with Transmittal 61, dated October 3, 2008. An error occurred in the manual portion of the instruction in section 20, 20.1, 20.1.1, & 20.1.2. The sections were inadvertently left in the manual of chapter 6 of the Medicare Secondary Payer. Those sections have been deleted. In section 6182.11 there was contractor numbers that were accidentally omitted. The contractor numbers have been added to the business requirement. All other information remains the same.

Subject: Expanding the Mandatory Insurer Reporting (MIR) Coordination of Benefits (COB) Contractor Numbers for the Common Working File (CWF)

I. SUMMARY OF CHANGES: This CR identifies COBC numbers 11121 and 11122 that must be used to identify MIR group health plan number (11121) and MIR non-group health plan number (11122) on CWF. An error occurred in the manual portion of the instruction in section 20, 20.1, 20.1.1, & 20.1.2. The sections were inadvertently left in the manual of chapter 6 of the Medicare Secondary Payer. Those sections have been deleted. In section 6182.11 there was contractor numbers that were accidentally omitted. The contractor numbers have been added to the business requirement. All other information remains the same.

New / Revised Material

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
R	5/60.1.3.5/Exhibit 2 - CWF Source Codes and Corresponding CROWD Special Project Numbers
R	6/10.2/Definition of MSP/CWF Terms
R	6/20.1.3/MSP Delete Transaction

III. FUNDING:

SECTION A: For Fiscal Intermediaries and 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.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

Pub. 100-05	Transmittal: 61	Date: October 3, 2008	Change Request: 6182
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NOTE: Transmittal 60, dated September 19, 2008 is being rescinded and replaced with Transmittal 61, dated October 3, 2008. An error occurred in the manual portion of the instruction in section 20, 20.1, 20.1.1, & 20.1.2. The sections were inadvertently left in the manual of chapter 6 of the Medicare Secondary Payer. Those sections have been deleted. In section 6182.11 there was contractor numbers that were accidentally omitted. The contractor numbers have been added to the business requirement. All other information remains the same.

SUBJECT: Expanding the Mandatory Insurer Reporting (MIR) Coordination of Benefits (COB) Contractor Numbers for the Common Working File (CWF)

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

I. GENERAL INFORMATION

A. Background: The COBC contractor currently accretes Medicare Secondary Payer (MSP) records to CWF using contractor numbers 11100-11119, and 11125-11126. Different numbers have been assigned for each COB contractor activity for purposes of separately capturing savings attributable to each activity. This CR identifies COBC numbers 11121 and 11122 which are being added and must be used to identify MIR group health plan number (11121) and MIR non-group health plan number (11122) on CWF.

B. Policy: The CWF created and continue to reserve contractor numbers 11123, 11124, and 11127-11199 for the COB contractor. These numbers will be used for future COB contractor activities.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6182.1	The shared systems and CWF shall recognize the following COB contractor numbers and their associated activities: 11121 - MIR Group Health Plan GHP Group Health Plan Mandatory Reporting 25 Broadway, 12 th Floor New York, NY 10004						X	X	X	X	COBC

Number	Requirement	Responsibility (place an "X" in each applicable column)											
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER		
							F I S S	M C S	V M S	C W F			
	11122 - MIR non-Group Health Plan Non-GHP Group Health Plan Mandatory Reporting 25 Broadway, 12 th Floor New York, NY 10004												
6182.2	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 21 = MIR Group Health Plan number 11121 CWF Source Code 22 = MIR Non-Group Health Plan number 11122							X	X	X			
6182.3	Error code 94G1 shall be modified for Part A (HUIP, HUOP, HUUH and HUHHC) to add the new 21 and 22 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 21 = MIR Group Health Plan number 11121 Non-payment Denial Code 22 = MIR Non- Group Health Plan number 11122						X			X			
6182.3.1	Error Code 1801 shall be modified for Part B/DMAC (HUBC and HUDC) to add a new detail Non-Payment Denial Code (cost avoid) 21 and 22.							X	X	X			
6182.3.2	Error Code 61x1 shall be modified for Part B/DMAC (HUBC and HUDC) to add a new detail Non-Payment Denial Code (cost avoid) 21 and 22.							X	X	X			
6182.4	The CWF shall recognize the following CROWD Numbers associated with their respective COB contractor numbers:									X		CROWD REMAS	

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER	
							F I S S	M C S	V M S	C W F		
	CROWD Number 7021= MIR Group Health Plan number 11121 CROWD Number 7022= MIR Non-Group Health Plan number 11122											
6182.5	Only contractor numbers 11100, 11106, 11109, 11110, 11111, and 11121 shall delete a transaction originated by contractor number 11121										X	COBC
6182.6	Only contractor numbers 11100, 11106, 11109, 11110, 11111, and 11122 shall delete a transaction originated by contractor number 11122										X	COBC
6182.7	Validity indicator of Y shall be valid for 11121 and 11122. The validity indicator of I shall not be valid for 11121 and 11122. Error code SP20 shall be set when an "I" Validity Indicator is submitted for 11121 or 11122.						X				X	
6182.8	The CWF shall modify the delete criteria regarding MSP transactions that were accreted under an originating COBC contractor number per the attached table in Chapter 6, section 20.1.3. (For example, COB contractor numbers 11100, 11106, 11109, 11110, 11111, 11121 are the only contractor numbers that may delete originating COBC contractor number 11121).										X	
6182.9	The following additional edits shall be modified in CWF in accordance with current COBC processing: SP59, 6801, 6802, 6803, and 6806.						X				X	
6182.10	Unsolicited responses HUST and HUSC shall be generated for contractors 11121 and 11122 so the MSPRC receives the MSP occurrence.										X	MSPRC
6182.11	SP 50, as programmed in the shared systems and as cited in the CWF Satellite manual under MSP Transaction Error Codes, shall be updated to include contractor 11121 and 11122 as COB contractor numbers and to include the following numbers in the "COBC Contractor Delete Table" under the "Who Can Delete." <u>Contractor:</u> 11106, 88888										X	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	<p><u>Contractor Who Can Delete:</u> 11100, 11105, 11106, 11109, 11110, 11111, 11121</p> <p><u>Contractor:</u> 11104, 11112, 33333</p> <p><u>Contractor Who Can Delete:</u> 11100, 11104, 11106, 11109, 11110, 11111, 11112, 11121</p> <p><u>Contractor:</u> 11121</p> <p><u>Contractor Who Can Delete:</u> 11100, 111104, 11106, 11109, 11110, 11111, 11112, 11121</p> <p><u>Contractor:</u> 11122</p> <p><u>Contractor Who Can Delete:</u> 11100, 11106, 11109, 11110, 11111, 11122</p>										
6182.12	<p>SP 53, as programmed in the shared systems and as cited in the CWF Satellite manual under MSP Transaction Error Codes, shall be updated to read as follows:</p> <p>SP53 Type of Record: MSP</p> <p>Error Message: The maintenance transaction was for Working Aged 'GHP', and there is a Disability 'GHP' entry on file that has a Termination Date after the Effective Date on the incoming transaction, or is not terminated.</p> <p>Set condition for edit 'SP53': When the MSP Delete Indicator is not equal to 'D', and the MSP Code is equal to 'G', and MSP Auxiliary File Validity Indicator is not equal to 'N', and the MSP Maintenance Record Validity Indicator is equal to 'I' or 'Y', and the MSP Termination Date is equal to zeros, set the 'SP53' error code.</p> <p>When the MSP Delete Indicator is not equal to 'D', and the MSP coverage code is equal to</p>									X	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	<p>'G', and the MSP Auxiliary File Validity Indicator is not equal to 'N', and the MSP Maintenance Record Validity Indicator is equal to 'I' or 'Y', and the MSP Termination Date is not less than the MSP Effective Date, set the 'SP53' error code.</p> <p>When the MSP maintenance transaction id equal HUSP or HBSP and MSP maintenance transaction type is equal to '1', bypass this edit.</p> <p>Trailer Information: 03, 08</p>										
6182.13	<p>SP 57, as programmed in the shared systems and as cited in the CWF Satellite manual under MSP Transaction Error Codes, shall be updated to read as follows:</p> <p>SP57 Type of Record: MSP</p> <p>Error Message: Termination Date greater than six months prior to date added for Contractor Numbers other than '11100-11118', '11121-11122,' '11125-11126', '33333', '55555', '77777', '88888' or '99999'.</p> <p>Set Condition for edit 'SP57': When the identification number of the Satellite who established the Auxiliary information is equal to '77777', and the Medicare as secondary payer Termination Date is not six months greater than the date that the Beneficiary Auxiliary, or claim information, was added to the Host database, set the 'SP57' error code.</p> <p>When the MSP Maintenance Transaction Type is not equal to '0', bypass this edit.</p> <p>When the Maintenance Record Type is not equal to equal to HBSP or HUSP, bypass this edit.</p>									X	

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	When the identification number of the Satellite who last updated the Auxiliary information is equal to '11102', '11104', '33333', or '77777', bypass this edit. Trailer Information: 03, 08										
6182.14	Contractor numbers 11121 and 11122 shall be used to identify CWF Leads for special treatment for MIR Leads, if any, during ReMAS's normal CWF batch process										REMAS
6182.15	This CR shall be sent to the Medicare contractors for informational purposes.	X	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	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@cms.hhs.gov (410) 786-1418

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

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Carriers (RHHs)* use only one of the following statements:

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)*, use the following statement:

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.

Medicare Secondary Payer (MSP) Manual

Chapter 5 - Contractor Prepayment Processing Requirements

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

(Rev. 61, Issued: 10-03-08; Effective: 01-01-09, Implementation: 01-05-09)

CWF Source Codes	MSP/COB Contractor Numbers	Non-payment/ 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
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 = To be determined	19	7019
20	11120 = To be determined	20	7020
<i>21</i>	<i>11121 = MIR Group Health Plan</i>	<i>21</i>	<i>7021</i>
<i>22</i>	<i>11122 = MIR non-Group Health Plan</i>	<i>22</i>	<i>7022</i>
'''	'''	'''	'''
25	11125=Recovery Audit Contractor-California	25	7025
26	11126=Recovery Audit Contractor-Florida	26	7026
27	11127=To be Determined	27	7027

99	11199 = To be determined	99	7099
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Medicare Secondary Payer (MSP) Manual

Chapter 6 - Medicare Secondary Payer (MSP) CWF Process

10.2 - Definition of MSP/CWF Terms

(Rev. 61, Issued: 10-03-08; Effective: 01-01-09, Implementation: 01-05-09)

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

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

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/HCFE 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
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	Nonpayment / Payment Denial Codes	CROWD Special Project Numbers
0	11100 = COB Contractor	00 Effective 4/1/2002	6000
1	11101 = Initial Enrollment Questionnaire	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
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	Nonpayment/ 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 = To be determined	19	7019
20	11120 = To be determined	20	7020
<i>21</i>	<i>11121 = MIR Group Health Plan</i>	<i>21</i>	<i>7021</i>
<i>22</i>	<i>11122 = MIR non-Group Health Plan</i>	<i>22</i>	<i>7022</i>
""	""	""	""
25	11125 = Recovery Audit Contractor- California	25	7025
26	11126 = Recovery Audit Contractor- Florida	26	7026
27	11127 = To be determined	27	7027
""	""	""	""
99	11199 = To be determined	99	7099

20.1.3 - MSP Delete Transaction

(Rev. 61, Issued: 10-03-08; Effective: 01-01-09, Implementation: 01-05-09)

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 some COBC contractor numbers may delete other originating COBC contractor numbers. Please see the table below for the exact criteria for deletion of COBC contractor numbers. A match shall occur in order to delete the originating COBC contractor number with another COBC contractor number. For example, COBC contractor number 11100, 11109, 11110, 11111, and 11112 are the only contractor numbers that may delete originating COBC contractor number 11112. The COBC will remain the sole contractor that may delete COBC contractor numbers. Medicare contractors shall follow the current restrictions regarding deletion of MSP records.

Originating Contractor Can be deleted by contractor:

11100	11100
11101, 99999	11100, 11101, 11102, 11109, 11110, 11111
11102, 77777	11100, 11102, 11109, 11110, 11111
11103, 55555	11100, 11103, 11109, 11110, 11111
11104, 33333	11100, 11104, 11109, 11110, 11111, 11112, 11121
11105	11100, 11105, 11109, 11110, 11111
11106, 88888	11100, 11106, 11109, 11110, 11111, 11121
11107	11100, 11107, 11109, 11110, 11111
11108	11100, 11108, 11109, 11110, 11111
11109	11100, 11109, 11110, 11111
11110	11100, 11109, 11110, 11111
11111	11100, 11109, 11110, 11111
11112	11100, 11109, 11110, 11111, 11112

11113	11100, 11109, 11110, 11111, 11113
11114	11100, 11109, 11110, 11111, 11114
11115	11100, 11109, 11110, 11111, 11115
11116	11100, 11109, 11110, 11111, 11116
11117	11100, 11109, 11110, 11111, 11117
11118	11100, 11109, 11110, 11111, 11118
<i>11121</i>	<i>11100, 11106, 11109, 11110, 11111, 11121</i>
<i>11122</i>	<i>11100, 11106, 11109, 11110, 11111, 11122</i>
66666	11100, 11109, 11110, 11111
11125	11100, 11125
11126	11100, 11126