
Program Memorandum

Intermediaries/Carriers

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

Transmittal AB-00-36

Date: MAY 2000

CHANGE REQUEST 1163

SUBJECT: Transfer of Initial Medicare Secondary Payer (MSP) Development Activities to the Coordination of Benefits (COB) Contractor

I. Introduction to the COB Contractor

On November 1, 1999, HCFA awarded the COB Contract. The COB Contractor will consolidate activities that support the collection, management, and reporting of all other health insurance coverages of Medicare beneficiaries, as well as all insurance coverage obligated to pay primary to Medicare. In April 2000, the COB Contractor implemented the first two phases of the contract, which included the Initial Enrollment Questionnaire and the IRS/SSA/HCFA Data Match. Effective October 1, 2000, the COB Contractor will assume responsibility for virtually all initial MSP development activities formerly performed at Medicare fiscal intermediaries (FIs) and carriers. This means the COB Contractor will be charged with ensuring the accuracy and timeliness of updates to the Common Working File (CWF) MSP auxiliary file. The COB Contractor will not be processing any claims, nor will it be handling any mistaken payment recoveries or claims specific inquiries (telephone or written). The COB Contractor will handle all MSP-related inquiries, including those seeking general MSP information, but not those related to specific claims or recoveries. These calls can come from any source, including but not limited to beneficiaries, attorneys/other beneficiary representatives, employers, insurers, providers, and suppliers.

The COB Contractor is primarily an information gathering entity. The COB Contractor will be dependent upon various sources to collect this information. With limited exceptions, FIs and carriers will no longer be responsible for initiating MSP development and making MSP determinations. It is imperative that any information you receive which may have MSP implications be forwarded to the COB Contractor in a timely and accurate fashion. Only with this timely and accurate information can the COB Contractor evaluate all relevant information to make the correct MSP determination and appropriately update CWF so that claims will be processed correctly. Once the MSP record has been established on CWF by the COB Contractor, you will continue to be responsible for all activities related to identification and recovery of MSP-related debts.

There must be a very close working relationship between the COB Contractor and all FIs and carriers. The COB Contractor Customer Service number is 1-800-999-1118. This number is available for use from anywhere in the United States. The COB Contractor Customer Service number will be operational 8:00 a.m. to 8:00 p.m. eastern standard time, Monday through Friday except holidays. You should use this number for routine inquiries to the COB Contractor. In addition, the COB Contractor will provide each FI and carrier with the name, private telephone number, and fax number of a primary and a back-up contact for use in instances where special situations arise which need immediate attention. Prior to implementation of these instructions, we will instruct you to provide the COB Contractor with the name, private phone number, and fax number of your primary and your back-up MSP contact as well.

The following provides a description of the activities which are included in initial MSP development and your necessary action(s) as a result of the transfer of these responsibilities to the COB Contractor.

II. FI and Carrier MSP Auxiliary File Update Responsibility

Effective October 1, 2000, the capability to update the CWF MSP auxiliary file will essentially be a function of only the COB Contractor. You will not have the capability to delete any MSP auxiliary file records, including those you have established. If you believe a record should be changed or deleted, use the COB Contractor Electronic Correspondence Referral System (discussed in Section III.), CWF Assistance Request option, to notify the COB Contractor. Process claims in accordance with your existing claims processing guidelines.

There are only four instances in which you will retain the capability to update CWF. They are:

A. You receive a phone call or correspondence from an attorney/other beneficiary representative, beneficiary, third party payer, provider, another insurer's Explanation of Benefits (EOB) or other source that establishes, exclusive of any further required development or investigation, that MSP no longer applies. Examples of such contacts include a telephone call from a beneficiary to report retirement or cessation of group health insurance or a letter which contains acceptable information that personal injury protection benefits have been exhausted. You should post a termination date to the MSP auxiliary record using a "Y" validity indicator. Update CWF within the lesser of:

1. Ten (10) calendar days from completion of the evaluation, or
2. Thirty (30) calendar days of the mailroom date stamped receipt/date of phone call, as applicable. You will not retain the capability to alter an existing termination date.

B. You receive a claim for secondary benefits and could, without further development (for example, the EOB from another insurer or third party payer contains all necessary data), add an MSP occurrence and pay the secondary claim. You must use a new validity indicator of "I" to add any new MSP occurrences. Update CWF within 10 calendar days from completion of the evaluation. You cannot submit a new record with a "Y" or any record with an "N" validity indicator.

C. You determine that an unsolicited refund is MSP based, and the referral document contains sufficient information to create an "I" record without further development. You should add the MSP occurrence using an "I" validity indicator. Update CWF within 10 calendar days from completion of the evaluation.

D. You receive a claim for conditional payment, and the claim contains sufficient information to create an "I" record without further development. You must add the MSP occurrence using an "I" validity indicator. Update CWF within 10 calendar days from completion of the evaluation.

You will transmit "I" records to CWF via the current HUSP transaction. CWF will treat the "I" validity indicator the same as a "Y" validity indicator when processing claims. Receipt of an "I" validity indicator will result in a CWF trigger to the COB Contractor. The COB Contractor will develop and confirm all "I" maintenance transactions established by you. If the COB Contractor has not received information to the contrary within 100 calendar days, the COB Contractor will automatically convert the "I" validity indicator to a "Y". If the COB Contractor develops and determines there is no MSP, the COB Contractor will delete the "I" record. An "I" record should never be established when the mandatory fields of information are not readily available to you on your claim attachment or unsolicited refund documentation. If you have the actual date that Medicare became secondary payer, use that as the MSP effective date. If that information is not available, use the Part A entitlement date as the MSP effective date. You may include a termination date when you initially establish an "I" record. You may not add a termination date to an already established "I" record.

The following are mandatory fields for MSP records with a validity indicator of "Y" and "I":

- o Health Insurance Claim Number;
- o MSP code;
- o Validity indicator;
- o MSP effective date;
- o Contractor identification number;
- o Insurer name;
- o Patient relationship; and
- o Insurance type.

Attachment 1 contains the CWF MSP utilization error codes, descriptions, and resolution for your use in correcting MSP utilization error codes.

III. COB Contractor Electronic Correspondence Referral System (ECRS)

As of October 1, 2000, the COB Contractor will assume responsibility for virtually all activities related to establishing MSP periods of coverage at CWF that result from initial MSP development activities. Since you receive a great deal of MSP information, a system is needed to transfer that information to the COB Contractor. The COB Contractor will evaluate the information to determine if MSP development is necessary. In addition, since your ability to send update transactions to CWF will be severely restricted, there is a need for a system that will allow you to easily submit requests to the COB Contractor to apply changes to existing MSP records at CWF. In order to meet these requirements, a new mainframe Customer Information Control System (CICS) application will be developed and maintained by the COB Contractor. This application, the COB Contractor ECRS, will allow your MSP representatives to fill out various online forms and electronically transmit MSP information and CWF MSP assistance requests to the COB Contractor. For CWF assistance requests or MSP inquiry referrals, information should be electronically forwarded, via ECRS, to the COB Contractor within 20 calendar days of your mailroom date stamped receipt. Phone calls must be referred via ECRS within 2 calendar days of receipt of the phone call. If requested, you must fax to the COB Contractor within 5 business days of request, a copy of any correspondence or substantiating information related to the electronic referrals. The COB Contractor will make such a request via phone by contacting the initiator of the referral.

Functional Description

- o You receive MSP lead information or determine that a change to an existing CWF MSP record (other than the addition of a termination date) is needed.
- o You will sign on to your Medicare CICS region on your processing data center's mainframe.
- o You will type in the transaction name of the new COB information exchange application and hit Enter.
- o A menu will display from which you will choose either the option to create an MSP Inquiry (to report MSP information) or a CWF Assistance Request (to request a change in an existing MSP record).
- o The applicable detail screen will display and you will enter data for your request. The application will have built-in edits so that required data elements are entered before the request can be completed. Edits will also be in place so that only valid values are entered in each field. The COB Contractor will develop, maintain, and deliver a user manual for the application.
- o Once you have completed data entry, you will press an assigned key and the information will be stored on a database table or file on the COB Contractor's mainframe.

- o In the next batch cycle at the COB Contractor site, this request will be processed. The COB Contractor's system will update a status field on the request in ECRS. Once a final determination has been made, the COB Contractor will update CWF, as appropriate.
- o You will be able to log back on to ECRS and check on the status of your request, including final determination.
- o You will also have the ability to create on-screen reports (for example, to do consolidated status checks on all your referrals or lead contractor assignments).

All pending work that you have assigned to your staff but for which no development work has been initiated (for example, it is in someone's in-box) as of October 1, 2000, must be forwarded to the COB Contractor using ECRS by October 31, 2000. You should close these items in your correspondence control system. Where development has already been undertaken, you should wait for a reply or for the response period to expire before sending a referral to the COB Contractor through ECRS. If there has been no status change after 30 calendar days on an item you have referred to the COB Contractor via ECRS, you may contact the COB Contractor for an update. However, any inquiries related to these items should be referred to the COB Contractor pursuant to the instructions in this section and Section VII.

This process will replace any existing referral mechanisms for the Initial Enrollment Questionnaire and the IRS/SSA/HCFA Data Match. Congressional inquiries, however, will not be referred to the COB Contractor using ECRS. If the question(s) posed in the Congressional inquiry fall solely under the purview of the COB Contractor, telephone your dedicated COB Contractor contact and notify him/her that you are faxing a copy of the inquiry. You should close these items in your correspondence control system. If the inquiry contains some questions that you would appropriately answer and others that the COB Contractor would appropriately answer, you will be responsible for sending a consolidated response to this inquiry. You should contact your dedicated COB Contractor contact to request the necessary language to respond to the COB Contractor's portion of the inquiry. The COB Contractor will provide the necessary language within 5 business days of your request.

Technical Overview – Impact on FI/Carrier Data Centers

This CICS application will be developed and will function much like the current CWF Health Insurance Master Record (HIMR) application. This is an online CICS transaction running in a mainframe environment. Different components of this application will execute on the COB Contractor's mainframe and your data centers' mainframes. Software modules will be developed in COBOL II or COBOL OS390. No files will be created and stored at your data center. No batch processing will be required by your data center. You will need a standard, mainframe terminal emulator. A PC workstation is not required.

All software will be developed and maintained by the COB Contractor. Software will be delivered to each data center by August 1, 2000, with complete step-by-step instructions on how to install and test it. This process will include moving software modules to appropriate libraries, defining a relatively small number of CICS table entries, defining appropriate security definitions for each user, and establishing a connection to the COB Contractor's data center (discussed immediately below). The COB Contractor will provide technical assistance for this process.

The connection to the COB Contractor's data center from your data center will be accomplished using the ATT Global Network (once known as Advantis). All FIs and carriers, and the COB Contractor, currently have access to this network and use it to transmit data to the HCFA data center and CWF hosts. In order to establish a link or connection to the COB data center through this network, Virtual Total Access Method (VTAM) node definitions and ATT Global Network accounts will need to be established. This will require some action on the part of each data center.

Draft data elements and field definitions for the CWF Assistance Request and MSP Inquiry are contained in Attachments 2 and 3, respectively.

IV. Providing Written Documents to the COB Contractor

Paper documentation will not be routinely submitted to the COB Contractor. However, if requested by the COB Contractor, you must submit written supporting documentation via fax to the COB Contractor within 5 business days of your receipt of the request. The request will be in the form of a phone call asking you to fax this information. The COB Contractor fax numbers are (646) 458-6760 and (646) 458-6762.

In those instances when you must mail paper documents to the COB Contractor, use the following address:

MEDICARE - Coordination of Benefits Contractor
MSP Claims Investigation Project
P.O. Box 125
New York, NY 10274-0125

V. FI and Carrier Record Retention

You are responsible for retaining paper documentation that you do not forward to the COB Contractor following current HCFA document retention guidelines, including the assignment of a document control number for your use in subsequent retrieval. However, also see Section VIII., which requires the contractor receiving a liability, no-fault or worker's compensation inquiry to forward all associated documentation to the designated lead contractor.

VI. Notification to FI or Carrier of MSP Auxiliary File Updates

You will have the ability to log on to ECRS daily to generate a daily ECRS report. The daily ECRS report will show the status of referrals you have submitted through ECRS and will also contain the status on beneficiaries for which the COB Contractor has made a change in the MSP auxiliary record and/or for which you may have an interest (that is, you have sent an inquiry to the COB Contractor on this beneficiary in the past, or CWF triggers indicate you have processed a claim for this beneficiary). The COB Contractor may not always be aware that you have an interest in a particular beneficiary. You should then check CWF to determine the exact update which has been made by the COB Contractor.

VII. Referring Calls to the COB Contractor

The COB Contractor Customer Service number is 1-800-999-1118. All questions, regardless of source, on any of the activities listed in Sections VIII. and IX. should appropriately go directly to the COB Contractor. There will be a period of time, however, during which inquirers will continue to contact you. You should offer to transfer telephone calls on any of the activities listed in Sections VIII. and IX. to the COB Contractor Customer Service number. Where your phone system has the capability, transfer the call to the COB Contractor through your automatic response unit (ARU) utilizing a new script option(s). If you do not have this capability, transfer the call through a manual transfer process that does not require the caller to dial another number. If you have neither capability, take the information from the caller and refer the issue to the COB Contractor via ECRS. Also, provide the caller with the COB Contractor's toll-free Customer Service number and direct the caller to place any follow up calls to the COB Contractor. Always provide this number to the caller. You should begin to assist in the education effort to encourage callers to contact the COB Contractor initially with reference to calls related to the activities noted in Sections VIII. and IX. below.

VIII. Changes in FI and Carrier Initial MSP Development Activities

Effective October 1, 2000, you will no longer perform MSP development (that is, investigation to determine if another payer is primary to Medicare, including the development activities associated with adding or updating a record on CWF) related to the activities listed below. You will still handle inquiries that are claims specific. The COB Contractor will not handle Veteran's Administration situations.

The COB Contractor will be the first point of contact for all initial MSP development. The COB Contractor will utilize a variety of investigational tools, such as MSP questionnaires, telephone contacts, and data exchanges, to solicit the information necessary to determine if there is an MSP situation. It will also have sole responsibility, with exceptions noted in Section II., for establishing CWF MSP records to reflect MSP situations.

In no-fault, workers' compensation and liability situations, the COB Contractor will notify the beneficiary of Medicare's potential recovery right as described in Sections IX.A, B and C. The COB Contractor will determine the lead contractor pursuant to HCFA's guidelines and will forward all case documentation within its possession to the lead contractor. For recovery efforts in non-GHP situations, once an MSP record has been established, the COB Contractor will advise the beneficiary, attorney/other beneficiary representative, and/or potential or actual liable party that he/she/it will be contacted by the lead contractor for further recovery case development. If the COB Contractor is unsuccessful in its attempts to contact the beneficiary or attorney/other beneficiary representative based on the information it received from you, the COB Contractor will notify the lead contractor where there is sufficient information to identify the lead contractor or notify the referring contractor if there is insufficient information to identify the lead contractor. You, whether lead or not, will follow up as appropriate and re-refer the issue to the COB Contractor, if necessary.

The COB Contractor will show the lead contractor in no-fault, workers' compensation and liability situations in ECRS. You will have the ability to check ECRS daily to determine the lead contractor in instances where you sent the initial referral through ECRS to the COB Contractor. You will also have the ability to query ECRS to determine the lead for any established liability situation. If you are not the lead contractor and you have documentation related to the case, you must send all original documents (exclusive of claims) to the lead contractor within 5 calendar days of the availability of the ECRS identification of lead contractor. The COB Contractor will forward documentation it received or developed to the lead contractor within 5 calendar days of its CWF update.

In cases where employer information is not pertinent (liability and no-fault), the COB Contractor will enter attorney/other beneficiary representative information, if appropriate, in the employer name and address field of the CWF MSP auxiliary record. You will have the ability to check ECRS to determine if the beneficiary representative is an attorney or non-attorney (see Attachment 3).

The following provides the activities which are included in initial MSP development and your necessary action as a result of the transfer of these responsibilities to the COB Contractor.

A. First Claim Development (FCD) Process.--First claim development efforts will be the responsibility of the COB Contractor. When CWF receives the first claim for a beneficiary, it will route a new electronic transaction to the COB Contractor. Any responses to FCD questionnaires that you previously sent which you receive on or after October 1, 2000, must be forwarded to the COB Contractor within 20 business days of mailroom date stamped receipt. These responses should be forwarded via ECRS, described in Section III.

The COB Contractor will perform FCD exclusively with providers, physicians and other suppliers. The COB Contractor will update CWF based upon the results of the FCD. First claim development forms originally sent from the COB Contractor which you inadvertently receive must be forwarded to the COB Contractor within 20 business days of mailroom date stamped receipt. The completed FCD document should be forwarded using the address provided in Section IV.

Questions you receive on completion of the FCD questionnaire should be referred to the COB Contractor Customer Service number provided in Section VI.

B. Secondary Claims Development Process.--If you receive a secondary claim where there is no related CWF MSP auxiliary record and the claim contains sufficient information to create an "I" record, follow the instructions in Section II. If you receive a claim for secondary payment which does not contain sufficient information to create an MSP record with an "I" validity indicator, submit an MSP Inquiry to the COB Contractor, per Section III. Process the claim in accordance with your existing claims processing guidelines. This could include, for example, returning the claim to the provider (RTP), pending the claim until the COB Contractor development is complete, or denying the claim. You should not develop for additional MSP information. The COB Contractor will perform this development.

C. Self Reporting/411.25 Development Process.--Medicare FIs and carriers are often contacted by various sources that indicate the possibility of primary coverage other than Medicare. These contacts are referred to as "self reports." Self reports can cover the full spectrum of MSP situations. For example, you may be contacted related to an accident/illness on behalf of the beneficiary for which auto, no-fault, workers' compensation (including black lung), or other liability insurance may be primary. Similarly, you may receive notification from an insurer that you have paid a claim for which primary payment of services are the responsibility of a third party payer, pursuant to 42 CFR 411.25. All such self reports and notifications under 42 CFR 411.25 should be forwarded to the COB Contractor. Immediately transfer all telephone self reports and 411.25 notifications to the COB Contractor using the instructions in Section VI. Refer written self reports and 411.25 notifications to the COB Contractor using the instructions in Section III.

D. Trauma Code Development (TCD).--Effective October 1, 2000, TCD will be the responsibility of the COB Contractor. When CWF receives a claim with a diagnosis code that indicates a possible traumatic accident, injury, or illness, CWF will route a new electronic transaction to the COB Contractor which will serve as a TCD trigger. Standard systems should no longer perform TCD editing. Any responses to TCD questionnaires that you previously sent which you receive on or after October 1, 2000, must be forwarded to the COB Contractor within 20 business days of mailroom date stamped receipt. These responses should be forwarded via ECRS, described in Section III.

The COB Contractor will update CWF based upon the results of the TCD. Trauma code development forms originally sent from the COB Contractor which you inadvertently receive must be forwarded to the COB Contractor within 20 business days of mailroom date stamped receipt. The completed TCD document should be forwarded using the address provided in Section IV.

Questions you receive on completion of the TCD questionnaire should be referred to the COB Contractor Customer Service number provided in Section VI.

E. Value, Condition, and Occurrence Code Development for FIs.--FIs will continue to handle all claims containing condition codes under their current guidelines. Effective October 1, 2000, the COB Contractor will receive an automatic trigger from CWF for claims filed with a condition code of "08" (Beneficiary would not provide Information Concerning Other Insurance Coverage). The COB Contractor will develop these claims with the beneficiary. Generally, no additional development is necessary for claims containing MSP condition codes other than "08". However, if you receive a claim with condition code 10, 28, 29, D7 and D8, and further development is required, you should submit an MSP Inquiry through the ECRS to the COB Contractor.

FIs will continue to process those claims that are billed "conditionally." An MSP conditional payment is defined as a claim billed with a value code of 12, 13, 14, 15, 16, 41, 42, 43, or 47 with six zeroes (0000.00) entered in the amount field for which the provider is claiming a conditional payment because the other insurance has substantially delayed payment or has denied payment. If there is no MSP record on CWF related to this billing incident, and you have sufficient information from the claim submission, add an

"I" record to CWF. Claims you receive without applicable necessary fields of information completed should be processed under current claims processing guidelines (for example, reject, RTP).

FIs will process claims containing occurrence codes 01-04 and 24 using your current processing guidelines. If there is no MSP record on CWF related to this billing incident, and you have sufficient information from the claim submission, add an "I" record to CWF. Claims you receive without applicable necessary fields of information completed (for example, associated value code, if another payer involved, date of specific event, insurer) should be processed using current claims processing guidelines (for example, reject, RTP).

The COB Contractor will update CWF based upon the results of its development. Any development forms originally sent from the COB Contractor which you inadvertently receive must be forwarded to the COB Contractor within 20 business days of mailroom date stamped receipt. The completed document should be forwarded using the address provided in Section IV.

Questions you receive on completion of the value, condition, and occurrence code development process should be referred to the COB Contractor Customer Service number provided in Section VI.

F. Box 10 of the HCFA-1500 Development for Carriers.--When carriers receive claims with box 10 checked on the HCFA-1500 or electronic media claims format, indicating a possible MSP situation, and there is no MSP auxiliary record on CWF related to the billing incident, carriers should process these claims under current claims processing guidelines and forward the pertinent information to the COB Contractor via ECRS for development. Carrier systems should no longer initiate development based on these codes. Any responses to questionnaires that you previously sent which you receive on or after October 1, 2000, must be forwarded to the COB Contractor within 20 business days of mailroom date stamped receipt. These responses should be forwarded via ECRS, described in Section III.

The COB Contractor will update CWF based upon the results of the development. Any development forms originally sent by the COB Contractor which you inadvertently receive must be forwarded to the COB Contractor within 20 business days of mailroom date stamped receipt. The completed document should be forwarded using the address provided in Section IV.

Questions you receive on completion of box 10 should be referred to the COB Contractor Customer Service number provided in Section VI.

IX. Additional Activities by Non-GHP MSP Type

The following provides additional processing activities based upon specific MSP types, as a result of the initial development for no-fault, workers' compensation, and liability situations. If a termination date or a change related to a no-fault, worker's compensation, or liability situation is reported to the COB Contractor from a source other than the lead contractor, the COB Contractor will consult by phone with the lead contractor before submitting the termination date or change to CWF.

Remember that you may have overlapping MSP periods for liability, no-fault, worker's compensation, and/or group health plan insurance.

A. No-Fault Development.--The COB Contractor will develop to determine whether there is coverage primary to Medicare through a form of no-fault insurance (including automobile no-fault insurance of all types, including personal injury protection). If there is coverage available, the COB Contractor will post an open "Y" auxiliary record on CWF. Through its initial development, the COB Contractor will also determine whether the coverage through the no-fault insurance has been exhausted. If benefits have been exhausted, the COB Contractor will post a "Y" record with a termination date indicating the date that coverage was exhausted.

If, after the COB Contractor's initial development, you later determine that benefits have been exhausted under this policy, you may post the termination date following the instructions in Section II. If you receive information through recovery development efforts that serves to modify the information that is contained on CWF, send a CWF Assistance Request to the COB Contractor following the instructions in Section III.

If upon further investigation the COB Contractor learns that the beneficiary is filing a liability insurance claim, the COB Contractor will apply the termination date and create a new MSP record for the liability situation. If you receive this information, you should post a termination date (if none is existing), and forward the liability information to the COB Contractor via ECRS.

B. Workers' Compensation (WC) Development.--The COB Contractor will develop to determine whether there is coverage primary to Medicare through WC insurance. The COB Contractor will determine the nature of the injury using the diagnosis code(s) submitted on the claim and through additional development, as necessary. The MSP auxiliary record added to CWF will include the diagnosis code(s) relating to that injury. If, after the COB Contractor's initial development, you later determine that benefits have been exhausted under WC, you may post the termination date following the instructions in Section II. If you receive information through recovery development efforts that serve to modify the information that is contained on CWF, send a CWF Assistance Request to the COB Contractor following the instructions in Section III.

C. Liability Development.--The COB Contractor will develop to determine if a liability (including automobile liability) insurance claim has been or will be filed. If, as a result of that development or receipt of self-reported information (for example, letter from beneficiary or attorney/other beneficiary representative, notification from provider), the beneficiary/representative indicates the intent to file a liability insurance claim, the beneficiary/representative will be notified by the COB Contractor of Medicare's potential recovery claim, if there is a settlement, judgement or award. If the beneficiary is represented by an attorney/other beneficiary representative, the COB Contractor will, where appropriate, send the attorney/other beneficiary representative a release agreement to be completed and returned directly to the lead contractor. You may post a termination date, following the instructions in Section II., if you are notified that a liability case has been resolved through a settlement, judgement or award and does not provide for future medical payments. If your recovery development efforts find additional information which serves to modify the information that is contained on CWF, send a CWF Assistance Request to the COB Contractor following the instructions in Section III. (See Section IX.A for instructions where a liability insurance claim follows a no-fault situation; you are responsible for the same type of actions where a no-fault claim follows a liability claim.)

X. New COB Contractor Numbers

The COB Contractor will accrete MSP records using the contractor numbers below. Different numbers have been assigned for each COB Contractor activity for purposes of separately capturing savings attributable to each activity.

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/HCFA 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	J	6070

8	11108 = Trauma Code Development	J	6080
9	11109 = Secondary Claims Investigation	J	6090
10	11110 = Self Reports	J	7000
11	11111 = 411.25	J	7010

NOTE: Contractor numbers 11101 - 11106 were implemented via Change Request (CR) 952 and CR 1126. Contractor number 11106 will use Non-payment/payment denial code "J" through 9/30/2000. Effective 10/1/2000, contractor number 11106 will use denial code "H". Contractor number 11105 will continue to use denial code "H". Effective 10/1/2000, contractor numbers 11107, 11108, 11109, 11110, and 11111 will use denial code "J".

When you submit an "I" record to CWF, your contractor number will be shown as the originating contractor. If the COB Contractor converts the record to a "Y" with no change to the information, the originating contractor number will remain on the record. If the record is changed to a "Y" and any of the data elements change, one of the COB Contractor's numbers will show as the originating contractor.

The *effective date* for this PM is October 1, 2000.

The *implementation date* for this PM is October 1, 2000.

These instructions should be implemented within your current operating budget.

This PM may be discarded after October 1, 2001.

If you have any questions, contact your regional office MSP coordinator.

**MSP UTILIZATION EDITS
AND CORRECT RESOLUTION**

For use in correcting MSP utilization error codes.

<u>Error Code</u>	<u>Error Description and Resolution</u>
6801	<p>MSP indicated on claim - no MSP auxiliary record exists on CWF data base.</p> <p><u>Resolution:</u></p> <p>Prepare an "I" MSP maintenance transaction and resubmit claim to CWF.</p>
6802	<p>MSP indicated on claim - no match on MSP auxiliary file.</p> <p>NOTE: Match criteria: MSP types are equal, validity indicator equals "Y", dates of service are within MSP period and NO override code indicated on claim.</p> <p><u>Resolution:</u></p> <p>(1) Analyze CWF auxiliary file; (2) Create a new "I" MSP auxiliary record; and (3) Resubmit claim.</p>
6803	<p>MSP auxiliary record exists - no MSP indicated on claim but dates of service match.</p> <p><u>Resolution:</u></p> <p>(1) Deny claim. Advise beneficiary/provider: "Resubmit claim with other payer's Explanation of Benefits for possible secondary payment. If other insurance has terminated, resubmit with documentation showing termination dates of other insurance."</p> <p><u>If you have documentation showing termination of the insurance coverage indicated in the CWF MSP occurrence, process as follows:</u></p> <p>(2) Post a termination date; or (3) Resubmit claim as MSP.</p>
6805	<p>MSP conditional payment claim and matching MSP record with "Y" validity indicator not found.</p> <p><u>Resolution:</u></p> <p>(1) Create an "I" MSP Auxiliary Record. (2) Resubmit claim.</p>
6806	<p>MSP override code equals "M" or "N" and no MSP record found with overlapping dates of service.</p> <p><u>Resolution:</u></p>

(1) Resubmit claim without an override code; or

1-2

(2) Create an "I" MSP auxiliary record. An auxiliary record must be present to process a claim using an override code.

Override codes will be used as follows:

Override code M = GHP services involved. Verify MSP auxiliary record exists. Matching criteria: Dates of service on claim fall within effective and termination dates on auxiliary record and validity indicator is equal to "Y".

The service provided is:

- o Not a covered service under the primary payer's plan;
- o Not a covered diagnosis under the primary payer's plan; or
- o Benefits have been exhausted under the primary payer's plan.

Override code N = Non-GHP involved. Verify MSP auxiliary record exists. Matching criteria are: Dates of service on the claim fall within effective and termination dates on auxiliary record and validity indicator is equal to "Y".

The service provided is:

- o Not a covered service under the primary payer's plan;
- o Not a covered diagnosis under the primary payer's plan; or
- o Benefits have been exhausted under the primary payer's plan.

NOTE: Part B - Override code "M" or "N" should be placed in MSP Code (field 95) of the CWF Part B Claim record. When processing any primary claim not using an override code, this field must be left blank.

CWF ASSISTANCE REQUEST- DRAFT DATA ELEMENTS AND DEFINITIONS

For use in requesting changes to existing CWF MSP Auxiliary records.

DATA ELEMENT	DEFINITION
MEDICARE CONTRACTOR #	Submitting contractor's identification number. Mandatory.
HIC #	Health insurance claim number of beneficiary. Mandatory.
MSP CODE	Use alpha code as listed in MCM §4307.1 and MCM §3696.1. Mandatory.
BENEFICIARY NAME	Name of beneficiary. Mandatory.
BENEFICIARY ADDRESS	Address of beneficiary.
BENEFICIARY PHONE NUMBER	Phone number of beneficiary.
BENEFICIARY DOB	Beneficiary date of birth.
BENEFICIARY GENDER	Gender of beneficiary.
INQUIRER'S NAME	Name of inquirer, if not beneficiary.
INQUIRER' RELATIONSHIP	Relationship of inquirer to the beneficiary.
INQUIRER'S ADDRESS	Address of inquirer, if not beneficiary.
INQUIRER'S PHONE NUMBER	Phone number of inquirer, if not beneficiary.
SUBSCRIBER NAME	Name of insured, if not beneficiary.
INSURER GROUP NAME	Name of insurer for this period of MSP.
INSURER ADDRESS	Address of insurer for this period of MSP.
INSURANCE TYPE	Use existing CWF insurance types. Mandatory.
EMPLOYEE ID NUMBER	If applicable (e.g., GHP-assigned identification number).
EMPLOYER NAME	Name of policy holder's employer.
EMPLOYER ADDRESS	Address of policy holder's employer.
EIN	Employer Identification Number.
SOURCE CODE	Source of information. Mandatory.
DATE OF ACCRETION	Date MSP occurrence added to CWF.
MSP AUXILIARY RECORD #	Identifies MSP occurrence. Mandatory.
MSP EFFECTIVE DATE	Effective date for this period of MSP.

MSP TERMINATION DATE	Termination date for this period of MSP.
DIAGNOSIS	Diagnosis for this period of MSP.
TYPE OF ACTION REQUESTED	01- Update Effective Date 02 - Update Termination Date 03 - Update Validity Indicator 04 - Consolidate Multiple Auxiliary Records 05 - Investigate Conflict Between New Information and Auxiliary Record 06 - Request for a Copy of the Data Match Questionnaire 07 - Update Pre-Paid Health Plan Date 08 - Other Mandatory.
PENDING CLAIM(S)	Check if claim(s) pending for payment or adjustment.
REMARKS CODE	Use remark codes as provided.
COMMENTS	Brief summary of request.
DOCUMENT CONTROL NUMBER	Internal tracking number assigned to request. Mandatory.
CONTRACTOR REPRESENTATIVE NAME	Submitting FI/Carrier rep's name. Mandatory.
CONTRACTOR REPRESENTATIVE PHONE NUMBER	Submitting FI/Carrier rep's direct phone number & ext. or department's phone number. Mandatory.
STATUS OF REFERRAL	For use by COB Contractor.

MSP INQUIRY INFORMATION - DRAFT DATA ELEMENTS AND DEFINITIONS

For use in referring MSP information received at the FI/carrier which indicates possible MSP involvement to the COB Contractor. Any and all of the data elements contained in this screen should be provided if they are contained on the correspondence or provided verbally. You are not responsible for further investigation or development to obtain data elements not contained on the correspondence or provided verbally.

DATA ELEMENT	DEFINITION
HIC	Health insurance claim number of beneficiary
SSN	Submit, if beneficiary HIC is not available.
BENEFICIARY NAME	Submit, if beneficiary HIC is not available.
BENEFICIARY ADDRESS	Submit, if beneficiary HIC is not available.
BENEFICIARY PHONE NUMBER	Beneficiary phone number.
BENEFICIARY DOB	Beneficiary date of birth.
BENEFICIARY GENDER	Gender of Beneficiary.
REPRESENTATIVE PAYEE	Representative payee on behalf of beneficiary.
INQUIRER'S NAME	Inquirer's name.
INQUIRER'S RELATIONSHIP	Relationship of inquirer to beneficiary.
INQUIRER'S ADDRESS	Inquirer's address.
INQUIRER'S PHONE NUMBER	Inquirer's phone number.
MSP CODE	Use alpha codes as listed in MCM §4307.1 and MIM §3696.1.
PATIENT RELATIONSHIP	Use patient relationship codes as provided.
SUBSCRIBER NAME	Name of insured, if not beneficiary.
INSURER NAME	Primary insurer to Medicare.
INSURER ADDRESS	Mailing address of primary insurer.
INSURANCE TYPE	Use existing CWF insurer types.
POLICY NUMBER	Policy number of primary insurance.
EMPLOYER NAME	Policy holder's employer.
EMPLOYER ADDRESS	Employer's mailing address.

EIN	Employer's identification number.
ATTORNEY/OTHER BENEFICIARY REPRESENTATIVE NAME	Name of beneficiary's attorney/other beneficiary representative.
ATTORNEY/OTHER BENEFICIARY REPRESENTATIVE ADDRESS	Mailing address for beneficiary's attorney/other beneficiary representative.
ATTORNEY/OTHER BENEFICIARY REPRESENTATIVE PHONE NUMBER	Phone number for beneficiary's attorney/other beneficiary representative.
BENEFICIARY REPRESENTATIVE CODE	Indicate if beneficiary representative is: A - Attorney B - Non-attorney
RELEASE RECEIVED?	Indicate if release form received.
APPOINTMENT OF REPRESENTATION RECEIVED?	Indicate if appointment of representation received.
DIAGNOSIS	Diagnosis for this period of MSP.
BLOCK 10 INFORMATION	Indicate if information provided in Block 10 of the HCFA 1500/EMC format.
DOCUMENT CONTROL NUMBER	FI/Carrier's internal tracking number assigned to both verbal or written inquiries. Mandatory.
CONTRACTOR NUMBER	Submitting FI/Carrier's identification number. Mandatory.
CONTRACTOR REPRESENTATIVE NAME	Submitting FI/Carrier rep's name. Mandatory.
CONTRACTOR REPRESENTATIVE PHONE NUMBER	Submitting FI/Carrier rep's direct phone number & extension. Mandatory.
PENDING CLAIM(S)	Check if claim(s) pending for payment or adjustment.
REMARKS CODE	Use remark codes as provided.
SOURCE CODE	Source of information. Mandatory.
COMMENTS	Brief summary of inquiry.
STATUS OF REFERRAL	For use by the COB Contractor.