



## National Coordination of Benefits Contractor (COBC) Process

The Centers for Medicare & Medicaid Services (CMS) streamlines the claims crossover process to better serve customers. The National crossover process has been in place for over two years, with the final phase, Medigap claim-based, transitioning to the Coordination of Benefits Contractor (COBC) in October 2007. The National crossover process is now complete and includes the following types of insurers: Supplemental insurers, Eligibility based Medigap, Claim-Based Medigap, Tricare, and Medicaid. Going forward, this article will refer to all of these as either a Trading Partner or a Supplemental Insurer. All crossover claims are sent electronically to the COBC. Medicare no longer sends any paper claim as a crossover claim.

Supplemental insurers, enter into a Coordination of Benefits Agreement (COBA) with CMS, to join the National crossover program. Trading Partners now submit their eligibility file to the National Coordination of Benefits Contractor (COBC). Individual Medicare Contractors no longer receive eligibility files nor send claim files directly to the trading partners. Where previously Medicare contractors had a direct role in the setup and crossover process, the insurer works directly with the COBC and CMS to implement the national program for their company. Since this is a National program, a Trading Partner can now submit a single eligibility file to the COBC, and opt to receive Medicare crossover claims for Part A and Part B, in every state. As in the past, each Trading Partner can opt to exclude certain types of claims (i.e. adjustments or denied claims). As individual contractors process Medicare claims, crossover information is identified at a National level, based upon information supplied by the Trading Partner. All Medicare contractor claims flow through the same data repository that houses this crossover information. Medicare contractors will then forward the claims identified as crossover, to the National Coordination of Benefits Contractor (COBC). The National COBC actually sends the claims to the Trading Partner.

Claims that are sent to the COBC for crossover purposes will have the appropriate Reason/remark code on your remittance advice. (MA18 -Supplemental crossover and MA07-Medicaid crossover.) There are two reasons a claim identified as crossed over on your remittance notice *may not* actually make it to the Trading Partner. Both the COBC and/or the Trading Partner may reject a crossover claim for various reasons. If this occurs, the Medicare contractor will send you a letter, identifying the claim(s) which did not actually cross. You may already be familiar with letters that identify claims previously crossed that were not actually sent due to claim errors or rejections by the supplemental insurer. These letters are generated as a result of a crossover claim reject by either the National COBC or the Trading Partner. The letters may be sent as soon as a week after the claim processed date. If you receive one of these letters, you will need to follow the instructions and submit the secondary claim to the supplemental insurer. The letter also contains important information that identifies the beneficiary, trading partner, ICN and the reason the claim was rejected. Sometimes the cause of the reject may be due to information that came in on the inbound claim to Medicare. If that is the case, you would want to ensure future new claims are corrected, to avoid the same type of crossover rejects. In other cases, the crossover reject may be due to a HIPAA edit at the COBC, or simply a trading partner rejecting the claim because they do not accept certain types of claims. In any case, please forward the claim to the appropriate supplemental insurer.

Effective October 2007, Claim-Based Medigap is also part of the National COBA process. A list of COBA Medigap insurers can be found at



[www.wpsmedicare.com](http://www.wpsmedicare.com)

<http://www.cms.hhs.gov/COBAgreement/Downloads/Medigap%20Claim-based%20COBA%20IDs%20for%20Billing%20Purpose.pdf> on the CMS Website. These are the only Medigap insurer IDs that should be used when filing Medicare claims. Currently there are only nine (9) Medigap trading partners for use on the claim.

Providers should continue to contact their local Medicare carrier with any question related to crossover. If providers have claim issues with a certain Supplemental insurer, CMS has provided customer service contacts at each COBA insurer. The list of contacts is located at <http://www.cms.hhs.gov/COBAgreement/Downloads/Contacts.pdf> on the CMS Website.