

MEDICARE COORDINATION OF BENEFITS AGREEMENT (COBA) CROSSOVER PROCESS UPDATES

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Medicare COBA Crossover Process Updates

Your Session Presenters Today:

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(COBC) Project Manager

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Technical Consultant

HIPAA 5010 COB Testing

Brian R. Pabst, Presenter

HIPAA 5010 COB Testing—General

- ❑ HIPAA 5010 COB testing is available during July through October 2010 and throughout 2011.
- ❑ During the testing timeframe, normal 4010A1 production crossover claims will still be flowing.
- ❑ Before testing can begin, COBA trading partners must complete the Technical Readiness Assessment Review document.
- ❑ Complete revised COBA Attachment as soon as possible; national deadline is August 31, 2010.
- ❑ COBA trading partners will be able to retain pre-existing COBA IDs for 5010 testing.
- ❑ The COBA Companion Guide for HIPAA 5010 COB/Crossover Claims Transactions was released to all via COBVA e-mail on March 25, 2010.
- ❑ The Companion Guide may also be referenced on the CMS COBA website (www.cms.gov/COBAgreement/) as a download document.
- ❑ COBA trading partner 5010 testing issues will be captured and sent to CMS' HIPAA compliance staff for rulings as necessary.

Things to Note About HIPAA 5010 Crossover Claims

- ❑ Limited AMT segments created, as per TR-3 IG requirements.
- ❑ New present on admission (POA) indicator fields in 2300 HI region of the claim.
- ❑ Very limited use of secondary provider REF segments.
- ❑ Standard reporting of anesthesia timed units—always minutes.
- ❑ CAS CO*70 (outlier) reporting will be discontinued.
- ❑ Destination payers will always be qualified with "U" in 2000B and 2320 SBR01, with SBR09=ZZ.
- ❑ Remark codes MA18 and N89 will be reflected in 2320 MIA or MOA, as today.
- ❑ The value in 2300 CLM07= provider's assignment with Medicare.

Things to Note About HIPAA 5010 Crossover Claims (concl.)

- ❑ PWK data will be on Part A and B claims, but not on DMEPOS claims.
- ❑ Specific loops not created.
- ❑ When to expect reporting of AMT--Remaining Patient Liability

High-Level Discussion of Medicare 5010 Gap-Filling

- ▣ The provider-oriented N403 (Postal/Zip Code) segments loops will be gap-filled with 9998 after base 5-byte zip code, only as required.
- ▣ Will happen rarely for 2010AA and 2310E N403 for 837-I claims.
- ▣ Will also happen rarely for 2010AA, 2310C, and 2420C N403 for 837-P claims.
- ▣ Loops 2310E and 2310F may feature gap-filling of N3 and N4 segments of 837 professional ambulance claims.
- ▣ Explanation of gap-fill to be used for N301 and N401—N403.
- ▣ Reference Section V of the COBA HIPAA 5010 Companion Guide for additional information.

Questions???

COBA E-02 PROCESS CHANGES AND AVAILABILITY OF HEW 270/271 SOFTWARE

Bill Ford, Presenter

COBA E-02 Process Changes

- ▣ July 1, 2010—all E-02 submissions must use add/update/delete methodology.
- ▣ E-02 submissions using full file replacement will not be processed as of July 2010.
- ▣ Acknowledgement file returned with new E-02 changes.
- ▣ Eligibility Response File (ERF), which features slight changes as compared to E-01, will be returned.
- ▣ As with the E-01 process, the COBC will report back on each record submitted.
- ▣ As is true today, the E-02 data are not posted to the Common Working File.
- ▣ Connectivity options are the same as under the regular COBA crossover process.

COBA E-02 Process Changes (cont.)

- ▣ July 1, 2010- E-02 queries only possible if drug eligibility data submitted using E-02 in past 12 months.
- ▣ Without exception, the COBC will return a disposition code to COBA trading partners inappropriately using the E-02 query.
- ▣ E-02 drug eligibility submitters cannot query using the expanded non-MSP Section 111 query file.
- ▣ Non-MSP Section 111 drug eligibility submitters also cannot query using the E-02 flat files.
- ▣ Trading partners not submitting drug eligibility data may query via use of the HEW 270/271 software.

Availability of HEW 270/271 software

- ▣ Since about 2003, the COBC has made the Health Eligibility Wrapper (HEW) 270/271 software available to health plans that have participated in the VDSA and now Section 111 MIR data sharing programs.
- ▣ The notion of a "wrapper" software says it all....
- ▣ Payers submit eligibility inquiry information via a flat file that is wrapped as a HIPAA 270.
- ▣ In turn, COBC sends a HIPAA 271 wrapped eligibility response flat file to the payers.
- ▣ No relationship between HEW 270/271 eligibility query process and the reporting of drug eligibility data to CMS.
- ▣ The COBC will only return Medicare Parts A, B, and C entitlement data to payers via the HEW 271 response file.
- ▣ Contract your designated COBC EDI representatives for more information concerning the HEW 270/271 software.

Questions???

COBA ATTACHMENT CHANGES AND OTHER COBA MARKETING EFFORTS

Donna Razor, Presenter

COBA Attachment Changes

- ▣ CMS has modified the COBA Attachment to account for changes involving claim formats, E-02 process modifications, and revised available claims selection criteria.
- ▣ All COBA trading partners must re-execute COBA Attachment with the COBC by August 31, 2010.
- ▣ Revised COBA Attachment is available at www.cms.gov/COBAgreement under download documents.
- ▣ Minor changes made up through page 5 before Section III.A.
- ▣ Discussion of Section III.A, Part 1 changes.
- ▣ Discussion regarding revamping of Section III.A, Part 2.
- ▣ Creation of new Part 3 section for designation of entitlement query methods to be used.

COBA Attachment Changes (cont.)

- ▣ Four Query Options Available:
 - ▣ Option 1—Querying under E-02, given that drug eligibility data are reported via the E-02 process.
 - ▣ Option 2—Querying under expanded non-MSP input file, given that drug eligibility data are reported via the Section 111 MMSEA MIR process.
 - ▣ Option 3—Querying through use of the HEW 270/271 software (PC versus mainframe version), given that the trading partner is not submitting drug eligibility data to CMS.
 - ▣ Option 4—Trading partner will address entitlement queries independently.

COBA Attachment Changes (cont.)

- ▣ Under Section IV (Claims Selection Options), you will notice most of the changes occurred in section D (DMAC Claims) and E (Common Claim Exclusions).
- ▣ We have incorporated the NCPDP claims exclusion option (formerly item 16 in Section IV.E) within Section D.
- ▣ Also, we added new sections—F & G—to Section IV.
- ▣ The changes to Section IV incorporate all COBA Addendum changes relating to recovery audit contractor (RAC)-initiated adjustment claims as well as other adjustment inclusion options.

Additional COBA Marketing Efforts

- ▣ CMS and the COBC welcome any new insurers that make supplemental payment to Medicare to become part of the COBA process.
- ▣ CMS, through COBC, will be targeting existing COBA trading partners that may wish to include additional lines of business.
- ▣ Targeting self-insured employer groups and related entities going forward.
- ▣ By calendar year 2011, approximately 10 new insurers will have joined the COBA crossover program.
- ▣ Clearinghouses continue to be welcome business partners in our process, as are their clients, our COBA trading partners.

Information Regarding RAC Adjustment Claims

- ▣ CMS launched the recovery audit contractor (RAC) post-payment review process on a very small scale during late August 2009.
- ▣ There are 4 RAC entities by region:
 - A=Diversified Collection Services;
 - B=CGI;
 - C=Connolly;
 - D=HealthDataInsights).
- ▣ RAC reviews are either automated (require no add'l documentation) or complex (require add'l documentation).
- ▣ RAC entities identify post-payment recoveries that result in adjustment claim actions that affect Medicare providers.
- ▣ RAC entities communicate with Medicare Administrative Contractors (MACs) and DME MACs concerning the dollars recovered and the needed adjustment action (fully deny, adjust to pay lower, adjust to pay higher)
- ▣ Medicare MACs and DME MACs perform the actual adjustments, which explains why RAC-initiated adjustments flow through the COBA crossover process.
- ▣ Medicare remittance advices (RAs) to providers will reflect remark code N432 when a RAC adjustment action is performed.

Information Regarding RAC Adjustment Claims (cont.)

- ▣ Medicare crossed over approximately 4,500 RAC adjustment claims from October 25, 2009, through March 31, 2010.
- ▣ RAC adjustment activities are expected to increase over time.
- ▣ Discussion of latest CMS information regarding future RAC adjustment activities.

Questions???

Future Updates Affecting the COBA Process

Brian Pabst, Presenter

Patient Protection Affordable Care Act (PPACA)

- ▣ Discussion of specific known impacts upon COBA crossover claims.
- ▣ Discussion of other known information that could affect crossover claims.

Continued Activity for ACE DEMO Claims

- ▣ Acute Care Episodic (or ACE) Demonstration Project got under way in May 2009 within our J-4 MAC (Trail Blazer) region.
- ▣ The ACE demo covers cardiovascular and orthopedic surgical procedures and related services associated with particular diagnostic related group (DRG) codes.
- ▣ Under the ACE demo, Medicare makes a global payment to eligible facilities for hospital DRG as well as a physician cost component.
- ▣ Current participating ACE demo facilities are Hillcrest, Tulsa, OK; Baptist Health Systems, San Antonio, TX; and Oklahoma Heart Hospital.
- ▣ Hillcrest was the first facility to begin participation in the ACE demo in May 2009, followed by Baptist Health Systems.
- ▣ CMS anticipates that Lovelace Health System, Albuquerque, NM, and Exempla St. Joseph Hospital, Denver, CO., will be part of the ACE demo by late fall 2010.

Continued Activity for ACE DEMO Claims (cont.)

- ▣ The project results in incentives for the participating hospitals, as well as noted savings for Medicare.
- ▣ Currently, most payers are unable to pay the Part B co-insurance component as included on 837-I crossover claims.
- ▣ The specific issue lies with an inability to locate the Part B co-insurance component (2300 HI, qualified by Y3).
- ▣ Payers are now being billed by Hillcrest & Baptist Health using the paper Medicare remittance advice or UB04 claim.
- ▣ The remittance advice does not include details about the Part B physician billed & paid amount (otherwise termed "Part B component").
- ▣ This poses problems for those payers that to know the total Part B reimbursable expenses as part of COB payments.

Continued Activity for ACE DEMO Claims (cont.)

- ▣ CMS CR 6881—analysis and design concerning the ongoing issues affecting smooth COBA crossover payment of ACE demo claims.
- ▣ CMS will share the results of the analysis with COBA trading partners before making final systems changes during CY 2011.
- ▣ ACE demo claims are slated to grow, as are other related kinds of bundled payment initiatives, as per section 3023 of PPACA.

Open Forum—Any Final Questions???

Participation by all presenters