NEW YORK STATE | Department of Health

CMS Coordination of Benefits Agreement (COBA)

New York State

Medicaid Managed Care Organizations

May 25, 2021

What is COBA?

The Coordination of Benefits Agreement (COBA) program establishes a uniform national contract between CMS, benefit programs and other health insurers. COBA is a standard processing methodology used by the national Medicare community. COBA allows greater efficiency and simplification via consolidation of the claims crossover process.

How does COBA work?

Under COBA, Medicaid providers will submit claims for Medicare/Medicaid eligible beneficiaries to the Medicare fee-for-service claims system for processing. Medicare will:

- **Process the claim**
- **Apply any deductible/coinsurance or co-pay amount**
- **Forward the claim to the Medicaid entity for further claims processing**

For claim types included in the COBA agreement, providers will NO longer need to bill Medicaid separately for the Medicare deductible, coinsurance or co-pay amounts.

COBA and NYS Medicaid

Since 2010, the New York State Medicaid Program has participated in a COBA with CMS.

New York State's COBA includes crossover claiming for certain Part A and Part B fee-for-service claims. Part C and Part D claims are excluded from the COBA claims processing.

From 2010 to present, New York State's COBA process has excluded claims when the individual was enrolled in a Medicaid managed care plan.

CMS Regulations

Federal regulations, 42 CFR § 438.3(t), now require states that have entered into a COBA to ensure that the State's Managed Care Organizations (MCO) receive all applicable crossover claims for the MCO's dually eligible beneficiaries.

In New York State, this requirement means that MCOs must enter into New York's signed agreement with the Centers for Medicare & Medicaid Services (CMS) for the coordination of benefits and participate in the automated Medicare claims crossover process to receive Medicare fee-for-service claims.

MCOs are bound by the terms and conditions of the COBA Agreement

COBA Attachment: Requirements

On Monday, May 24, 2021, DOH shared the prepopulated COBA Attachment templates with the MCOs for specific Lines of Business (LOB) including Mainstream, HARP, HIV-SNP, MLTC Partial, MAP, and Medicaid Advantage via the COBA mailbox: doh.sm.COBA@health.ny.gov

The completed COBA Attachments are to be returned to the COBA mailbox no later than:

JUNE 15, 2021

DOH will complete review and validation of COBA Attachments by July 1, 2021.

COBA Attachment: Requirements

MCOs must complete a separate COBA Attachment for each applicable LOB

A New Trading Partner COBA ID is required for each LOB. MCOs who may already have a unique COBA ID should report that information to DOH immediately.

A completed Attachment will be reviewed and sent to the Benefits Coordination and Recovery Center (BCRC) by DOH.

Following this initial implementation, MCOs with an applicable LOB will be required to submit an updated COBA Attachment for any changes in the MCO's designated reporting fields. These changes must be immediately reported to DOH.

COBA Attachment

Certain sections of the COBA Attachments were prepopulated based on required information provided by DOH.

The following is a review of the sections of the Attachment, including components that require MCO completion.

Please do not alter or remove any prepopulated information from this form.

COBA Attachment - Page 1

The only information required here is the Plan's Legal Name to be inserted after New York State and before the line of business.

Ex:

New York State ABC Health Plan Partial

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

COBA ATTACHMENT

TRADING PARTNER NAME: New York State (Legal Plan Name) Partial

TIN/EIN:

NATURE OF ACTION ON THIS ATTACHMENT

- [x] NEW TRADING PARTNER/COBA ID:
- [ ] CHANGES AS NOTED — COBA ID:
- [ ] CANCELLATION — COBA ID:

EFFECTIVE DATE:

NEW YORK STATE Department of Health

COBA Attachment - Section I

All MCOs fall under the NYS COBA Agreement as a Trading Partner.

A Trading Partner is identified as a State Medicaid Agency, or fiscal agent of same, or a Medicaid Managed Care Organization (MCO), or related entity, responsible for administration of Title XIX of the Social Security Act

In Section 1, Box 4 is prepopulated and checked for all MCOs

COBA Attachment Section II. A.2

Technical Contact:

MCOs must provide a technical contact who will work with the Benefit Coordination and Recovery Center (BCRC) on connectivity issues and file exchange.

NOTE: Technical information for file exchange can be found in the [COBA Implementation User Guide Version 7.1, April 2021 (PDF)]

2. Technical Contact

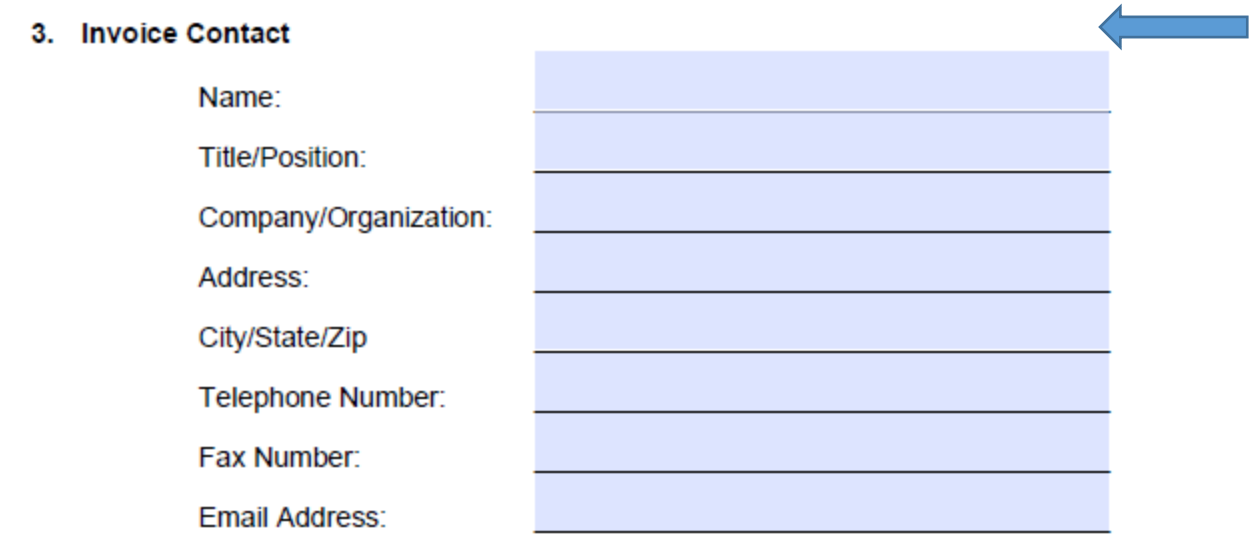
Name:	
Title/Position:	
Company/Organization:	
Address:	
City/State/Zip	
Telephone Number:	
Fax Number:	
Email Address:	

COBA Attachment Section II A.3

Invoice Contact:

MCOs must provide a contact who will receive monthly invoice reports. Invoice reports with zero dollar amounts are generated with Provider claim counts.

NOTE: NYS Medicaid MCOs are not charged a crossover fee.

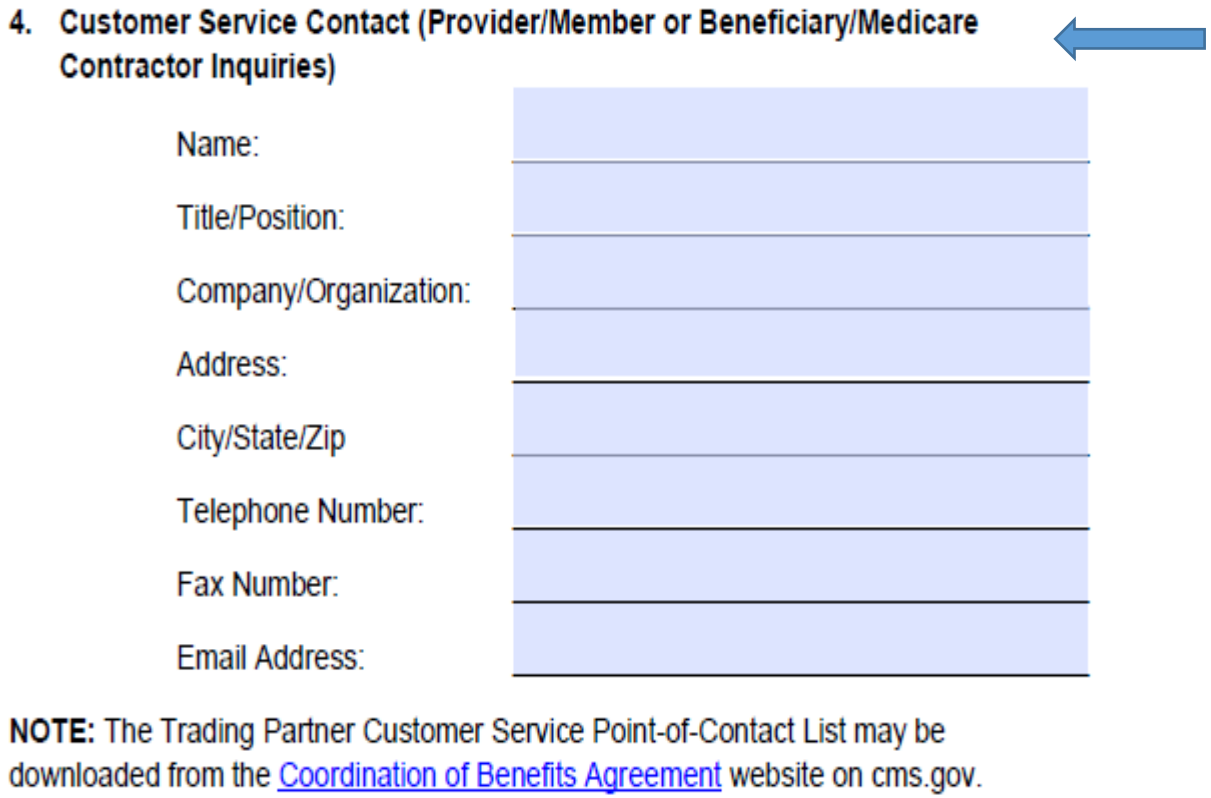


COBA Attachment Section II. A.4

Customer Service Contact:

MCOs must provide a contact for Provider/Member or Beneficiary/Medicare Contractor/Inquiries. This contact information may be a specific staff member or a department, for example, the customer service department.

Please note that the information provided here will be posted on CMS' website.



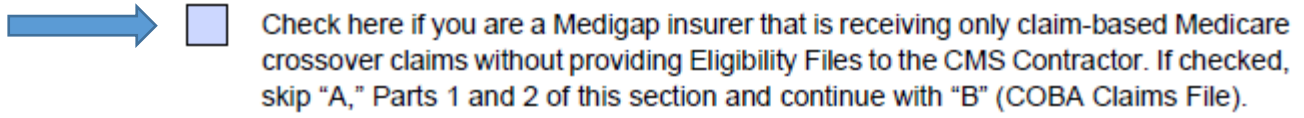
4. Customer Service Contact (Provider/Member or Beneficiary/Medicare Contractor Inquiries)

Name:	
Title/Position:	
Company/Organization:	
Address:	
City/State/Zip	
Telephone Number:	
Fax Number:	
Email Address:	

NOTE: The Trading Partner Customer Service Point-of-Contact List may be downloaded from the Coordination of Benefits Agreement website on cms.gov.

COBA Attachment Section III.A Part 1

MCOs must leave this box blank.



Section III. Data Transfer Information

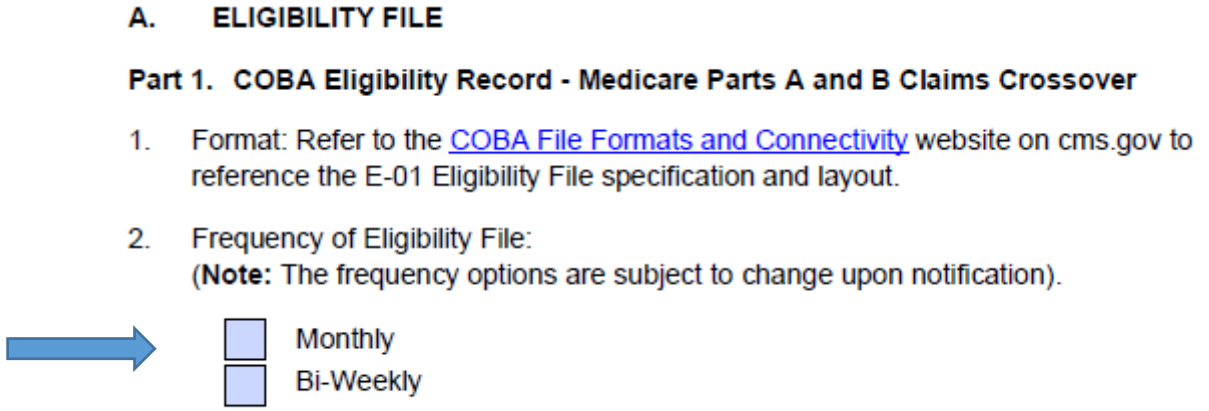
☐ Check here if you are a Medigap insurer that is receiving only claim-based Medicare crossover claims without providing Eligibility Files to the CMS Contractor. If checked, skip "A," Parts 1 and 2 of this section and continue with "B" (COBA Claims File).

Section III. A Part 1:

COBA Eligibility Record- Medicare Parts A and B Claims Crossover

2. MCOs must choose the frequency of how often to send their eligibility files to CMS here.

MCOs can choose to send once a month or every other week.



A. ELIGIBILITY FILE

Part 1. COBA Eligibility Record - Medicare Parts A and B Claims Crossover

1. Format: Refer to the COBA File Formats and Connectivity website on cms.gov to reference the E-01 Eligibility File specification and layout.

2. Frequency of Eligibility File:
(**Note:** The frequency options are subject to change upon notification).

☐ Monthly
☐ Bi-Weekly

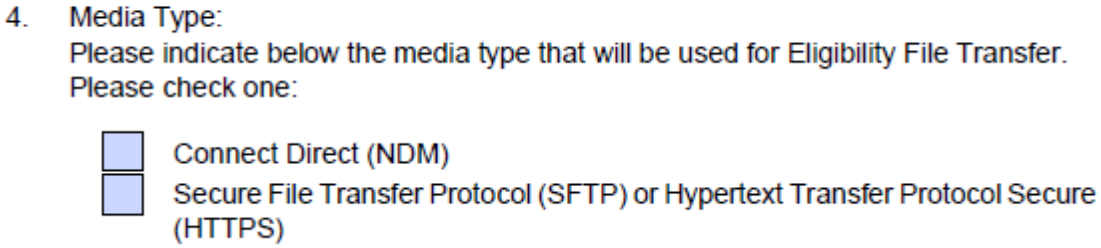
3. Eligibility File Type: (Updates: Adds, Changes, Deletes)

COBA Attachment - Section III.A Part 1 continued

Section III. A Part 1

4. MCOs must choose the media type to be used for the eligibility file exchange. Most MCOs choose SFTP.

Both SFTP and Connect Direct (NDM) files are sent from MCO to CMS. CMS then sends the files to the Benefits Coordination and Recovery Center (BCRC).



4. Media Type:
Please indicate below the media type that will be used for Eligibility File Transfer.
Please check one:

- ☐ Connect Direct (NDM)
- ☐ Secure File Transfer Protocol (SFTP) or Hypertext Transfer Protocol Secure (HTTPS)

COBA Attachment – Section III.A Part 2

Section III.A Part 2

The Drug Eligibility Record – Prescription Drug Coverage section should be left blank

Part 2. Drug Eligibility Record - Prescription Drug Coverage

Submission of this record is necessary for CMS and the Trading Partner to meet the coordination of benefits requirements of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Medicare Part D). This record does not result in the receipt of crossover claims through the COBA process for the Trading Partner's use in making Medicare Part D supplemental payment. Submission of this record enables CMS to coordinate payment of prescription drugs at the pharmacy point of sale.

Please check all that apply.

1. Prescription Drug Coverage the Trading Partner Offers:

- ☐ Trading Partner receives a retirement drug subsidy from CMS. Therefore, available drug coverage is in lieu of Medicare Part D benefits.
- ☐ Trading Partner does not offer prescription drug coverage that is the supplemental to Medicare Part D benefit. (Under Part 3, in the below, separate section mark either Option 3 or 4 as applicable to your organization.)
- ☐ Trading Partner does offer prescription drug coverage that is supplemental to the Medicare Part D benefit. The trading partner administers and directly pays prescription drug benefits for those members with prescription drug coverage. (Under Part 2, complete items 2 and 4 through 6 below, marking the applicable option in each case. Under Part 3 below, mark the most appropriate selection among options 1-3.)
- ☐ Trading partner does offer prescription drug coverage that is supplemental to the Medicare Part D benefit but contracts with a pharmaceutical benefit manager (PBM) to pay prescription drug benefits in the pharmacy network. Please provide the name of the PBM or related entity here:

  _____

  Also, list this entity in Section V of this Attachment. (Under Part 2, complete 2 and 4 through 6, marking the applicable option in each case. Under Part 3 below, mark the most appropriate selection among options 1-3.)

2. How the Trading Partner will submit Prescription Drug Coverage Information:

- ☐ Trading Partner or the separate entity named above and in Section V will submit the drug eligibility record through the alternative Section 111 of the Medicare, Medicaid, SCHIP Extension Act of 2007 (MMSEA) process no later than 90 calendar days from the COBA production date.

  Include your responsible reporting entity (RRE) ID(s) below that is/are used in association with expanded Section 111 MMSEA reporting:

  _____
- ☐ Trading Partner or the separate entity named above and in Section V will submit the drug eligibility record through this Coordination of Benefits Agreement via the E02 format no later than 90 days from the COBA production date.

3. Format: Refer to the COBA File Formats and Connectivity website to reference the E-02 Eligibility File specification and layout. Refer to the COBA Implementation User Guide on the Coordination of Benefits Agreement website to reference the Section 111 Drug Eligibility Record specification and layout.

4. Frequency of Eligibility File (E-02):

- ☐ Monthly
- ☐ Bi-Weekly (Offered only through COBA E-02)

COBA Attachment – Section III.A Part 3

Section III.A Part 3

Eligibility Query Options Under the COBA Program

This section is prepopulated

representative to obtain the needed HEW 270/271 software for use as either a PC or mainframe version.)

As applicable, mark the HEW 270/271 software version your organization will use.

☐ PC

☐ Mainframe

Option 4:

☑ The Trading Partner does **not** report drug eligibility information to CMS via the E-02 or Section 111 MMSEA MIR process and will **not** use the HEW 270/271 to perform eligibility query functions.

COBA Attachment – Section III.B

Section III.B COBA Claims Files

MCOs must complete Outbound Claims File Receiver Qualifier and Identification

B. COBA CLAIMS FILES

NOTE: You will receive electronic Claims Files from the CMS Contractor in the following specified formats, unless otherwise indicated in Section III.B.5.

1. Format:The claim formats currently supported under this Agreement include the following:

   Health Insurance Portability and Accountability Act (HIPAA) American National Standards Institute (ANSI) X12 837 Institutional and Professional Claims for Coordination of Benefits.

   National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard (batch version).

   Refer to the cms.gov HIPAA 5010 COB Claims website for information concerning the current version of the HIPAA ANSI X12 and NCPDP batch claims adopted by the Secretary of Health & Human Services and therefore used within the national COBA crossover program.

2. Outbound Claims File Receiver Qualifier and Identification:

   For receipt of the ANSI X12N 837 Institutional and/or Professional Claim, the Trading Partner prefers the following designations for the ISA 07 and ISA 08 fields:

   _____ ISA-07 (Receiver Qualifier -- 2 bytes)
   Note: "ZZ" will be used unless otherwise agreed upon by receiver/sender.
   _____ ISA-08 (Receiver ID --15 bytes)

   For receipt of the NCPDP batch claims, the Trading Partner prefers the following designation:

May 25, 2021

NEW YORK STATE | Department of Health

COBA Attachment – Section III.B

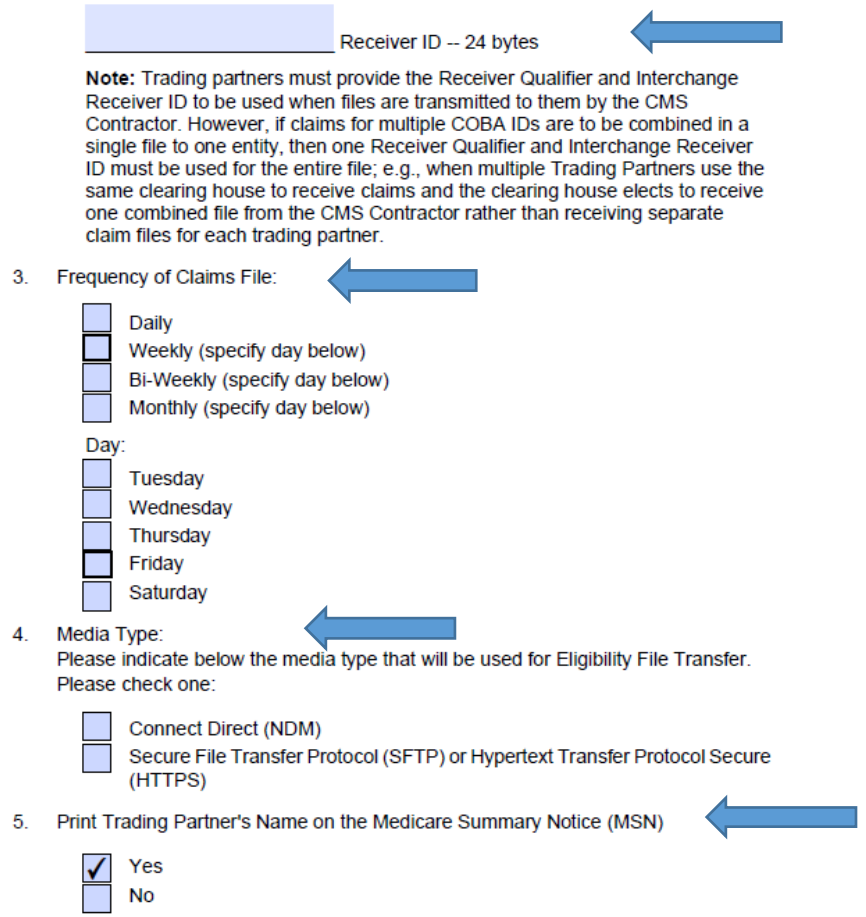
Section III.B COBA Claims Files continued

The Receiver ID must be left blank

MCOs must complete the Frequency of Claims File and Media Type.

Note: Under item 3, the monthly frequency is not recommended.

Item 5 is prepopulated



_____ Receiver ID -- 24 bytes

Note: Trading partners must provide the Receiver Qualifier and Interchange Receiver ID to be used when files are transmitted to them by the CMS Contractor. However, if claims for multiple COBA IDs are to be combined in a single file to one entity, then one Receiver Qualifier and Interchange Receiver ID must be used for the entire file; e.g., when multiple Trading Partners use the same clearing house to receive claims and the clearing house elects to receive one combined file from the CMS Contractor rather than receiving separate claim files for each trading partner.

3. Frequency of Claims File:

- ☐ Daily
- ☐ Weekly (specify day below)
- ☐ Bi-Weekly (specify day below)
- ☐ Monthly (specify day below)

Day:

- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday

4. Media Type:
Please indicate below the media type that will be used for Eligibility File Transfer.
Please check one:

- ☐ Connect Direct (NDM)
- ☐ Secure File Transfer Protocol (SFTP) or Hypertext Transfer Protocol Secure (HTTPS)

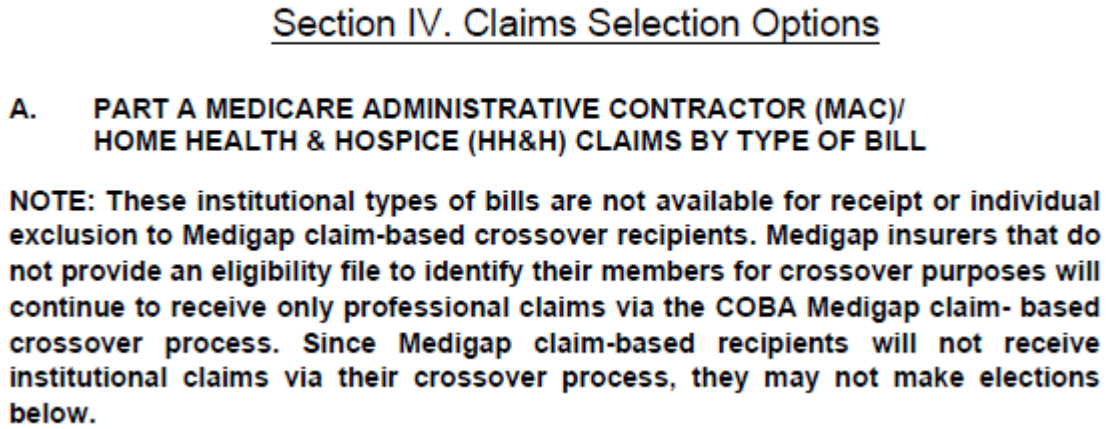
5. Print Trading Partner's Name on the Medicare Summary Notice (MSN)

- ☑ Yes
- ☐ No

COBA Attachment – Section IV

Section IV

The entire section is prepopulated



Section IV. Claims Selection Options

A. PART A MEDICARE ADMINISTRATIVE CONTRACTOR (MAC)/ HOME HEALTH & HOSPICE (HH&H) CLAIMS BY TYPE OF BILL

NOTE: These institutional types of bills are not available for receipt or individual exclusion to Medigap claim-based crossover recipients. Medigap insurers that do not provide an eligibility file to identify their members for crossover purposes will continue to receive only professional claims via the COBA Medigap claim- based crossover process. Since Medigap claim-based recipients will not receive institutional claims via their crossover process, they may not make elections below.

COBA Attachment – Section V

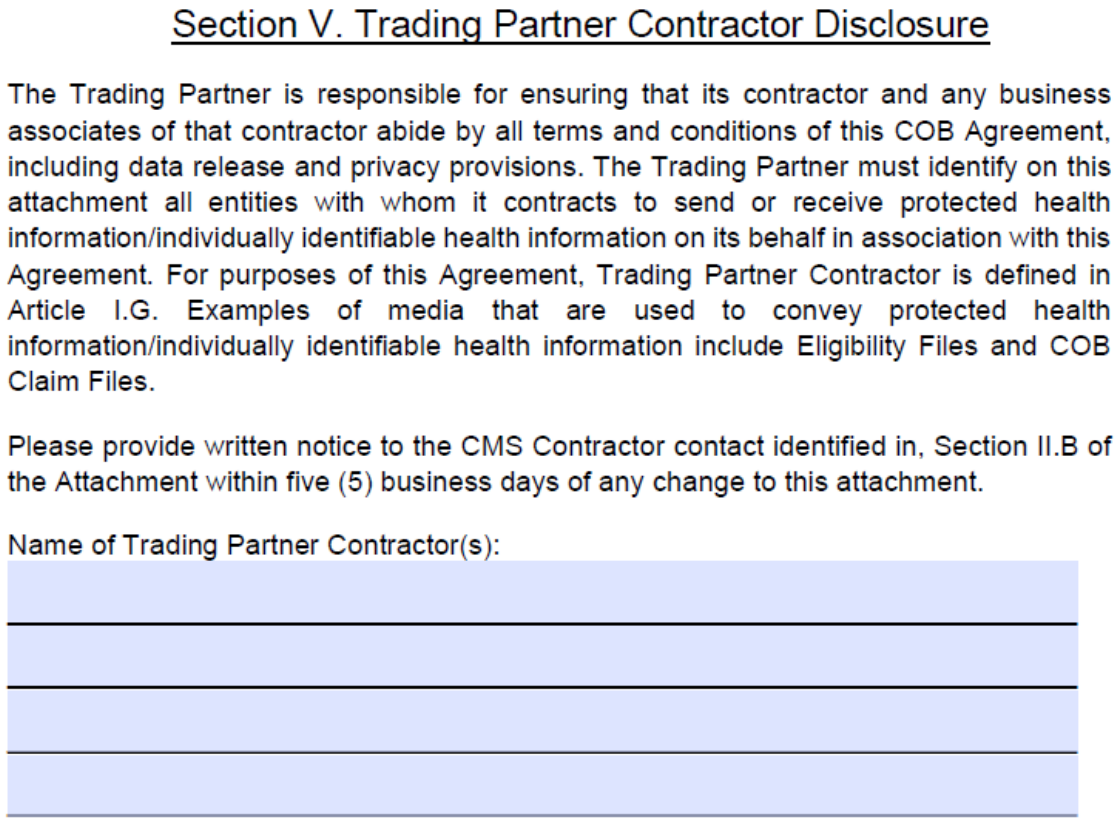
Section V:

Plans must list all their Third Party Vendors in this section.

The BCRC can exchange the eligibility and claim files discussed in this agreement with a single entity which may be the Plan, or in some cases, at the Plan's request, may be the Plan's vendor.

In instances where a Plan has only one third party vendor and would like the BCRC to exchange all eligibility and claim files directly with that vendor, instead of the Plan, the Plan can work with the BCRC to exchange files with that vendor.

In instances where a Plan has more than one third party vendor (dental, BH, optical, etc.) the BCRC will exchange the eligibility and claim files directly with the Plan and the Plan is responsible for distributing the files to their vendors.



Section V. Trading Partner Contractor Disclosure

The Trading Partner is responsible for ensuring that its contractor and any business associates of that contractor abide by all terms and conditions of this COB Agreement, including data release and privacy provisions. The Trading Partner must identify on this attachment all entities with whom it contracts to send or receive protected health information/individually identifiable health information on its behalf in association with this Agreement. For purposes of this Agreement, Trading Partner Contractor is defined in Article I.G. Examples of media that are used to convey protected health information/individually identifiable health information include Eligibility Files and COB Claim Files.

Please provide written notice to the CMS Contractor contact identified in, Section II.B of the Attachment within five (5) business days of any change to this attachment.

Name of Trading Partner Contractor(s):

COBA Attachment – Attestation

COORDINATION OF BENEFITS AGREEMENT (COBA) ATTESTATION

I, _____, the Chief Executive Officer of

_____("MCO"),
(Name of the Managed Care Organization/Health Insurer/SNP)

hereby attest under the penalty of Perjury to the following:

That, to the best of my informed knowledge and belief, the information submitted herein is complete, accurate and true in all material respects.

I understand that MCO is responsible for ensuring that its contractor and any business associates of that contractor abide by all terms and conditions of this Attachment to the Coordination Of Benefits Agreement, including but not limited to, data release and privacy provisions.

Final Reminder

- Question can be submitted to the COBA mailbox: doh.sm.COBA@health.ny.gov
- A COBA Attachment is required for each applicable LOB
- The completed COBA Attachments are to be returned to the COBA mailbox no later than: JUNE 15, 2021
- Certain sections of the COBA Attachments were prepopulated by DOH and are not to be altered or removed
- Include signed and notarized copy of the COORDINATION OF BENEFITS AGREEMENT (COBA) ATTESTATION
- Indicate in email body whether or not your plan is ready for testing with BCRC starting in July.

COBA Agreement

As a Trading Partner under the State's COBA Agreement, the actual Agreement will be signed by an authorized agent for the Department of Health (DOH).

The COBA Agreement is available at:

Coordination of Benefits Agreement | CMS

doh.sm.COBA@health.ny.gov