



**Department
of Health**

CMS Coordination of Benefits Agreement (COBA)

**New York State
Medicaid Managed Care Organizations**

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.

May 25, 2021

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.

May 25, 2021

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 will be added as a Trading Partner under the State's COBA Agreement via the COBA Attachment.

NOTE: 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.

May 25, 2021

COBA Attachment: Requirements

MCOs must complete a separate COBA Attachment for each applicable LOB.

COBA Attachments must be returned in a fillable PDF format.

A New Trading Partner COBA ID is required for each LOB.

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.

May 25, 2021

COBA Attachment - Page 1

Trading Partner Name

The MCO must insert the Plan’s Legal Name after NY Medicaid- and before the line of business.

Ex: NY Medicaid-ABC Health Plan-MMC

NOTE: The BCRC has a limit of 32 bytes total for the Trading Partner Name field, including the “NY Medicaid-” prefix and plan type suffix. If you require assistance with shortening your Plan Legal Name to fit this requirement, please contact doh.sm.COBA@health.ny.gov.

The rest of this page should be left blank.



COBA ATTACHMENT

TRADING PARTNER NAME: NY Medicaid-(Plan Legal Name)-MMC



TIN/EIN:

NATURE OF ACTION ON THIS ATTACHMENT

- NEW TRADING PARTNER/COBA ID:
- CHANGES AS NOTED COBA ID:
- CANCELLATION COBA ID:
- EFFECTIVE DATE:

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 Medicaid Managed Care Organization (MCO) or related entity, responsible for administration of Title XIX of the Social Security Act.

This section is prepopulated.

Section I. Trading Partner Information

Please check **only one (1)** line of business that you represent and complete an Attachment packet for that one selection. If you represent more than one line of business, you must complete a separate Attachment packet, which includes Section I through V, for each line of business. Please refer to the *COBA Implementation User Guide* for further guidance. This guide may be downloaded on [cms.gov](https://www.cms.gov) at the [Coordination of Benefits Agreement](#) website:

- 1. The Trading Partner identified above is a **Medigap Insurer** that offers one or more Medigap policies, also known as a Medicare supplemental policy, as defined in Section 1882(g)(1) of Title XVIII of the Social Security Act. A Medicare supplemental insurance policy is sold by private insurance companies to fill "gaps" in Original Medicare Plan coverage and is a group or individual policy that is advertised, marketed, or designed primarily as a supplement to reimbursements under Medicare for the hospital, medical, or surgical expenses of persons eligible for Medicare. Except in Massachusetts, Minnesota, and Wisconsin, there are 12 standard plans labeled Plan A through L. Medigap policies may only supplement the Original Medicare Plan.
- 2. The Trading Partner identified above meets the following definition of a **Supplemental Insurer**. Provides the following: A policy affording coverage to Medicare beneficiaries that does not meet the above definition of a Medigap policy; includes a policy or plan (including a managed care plan) of one or more employers or labor organizations for retired employees; includes an individual consumer supplemental product. A Health Maintenance Organization would also be included as a supplemental insurer.
- 3. The Trading Partner administers or pays health care benefits for **TRICARE (also known as TRICARE for Life.)**.
- 4. The Trading Partner identified above is 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.
- 5. Other - Not otherwise described in selections 1 through 4 above; e.g., Federal Employee Health Benefit Plan (FEHBP), third party administrator, Veteran's Administration, or CHAMPVA.

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 7.2, June 2022 \(PDF\)](#)

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.

3. Invoice Contact

Name:

Title/Position:

Company/Organization:


Address:

City/State/Zip

Telephone Number:

Fax Number:

Email Address:



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.



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.



Monthly

Bi-Weekly

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

Section III. Data Transfer Information

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).

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

1. Prescription Drug Coverage the Trading Partner Offers.

This area is prepopulated.

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 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.)

Added November 2022

COBA Attachment – Section III.A Part 2 continued

Section III.A Part 2

2-6. The remaining areas of Part 2 should be left blank.

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)

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

CONDITIONS:

- a) The CMS Contractor will establish a specific day of the week or day of the month on which Eligibility Files will be sent.
- b) The Trading Partner may submit eligibility files outside its regularly scheduled eligibility file frequency (i.e., monthly or bi-weekly) if it is taking action to reconcile any errors in the most recent submission. Unless, the Trading Partner notifies its assigned EDI representative of its intention to send its eligibility files off-cycle, such submissions will be rejected.

6. 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 3

Section III.A Part 3

Eligibility Query Options Under the COBA Program.

This area 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

2. MCOs must complete Outbound Claims File Receiver Qualifier and Identification.

MCOs must populate both the ISA-07 and ISA-08 fields.

Note: If the MCO would like the ISA-08 to be populated with their five-digit COBA ID, the MCO may indicate “assigned COBA ID” in the ISA-08 field.

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](https://www.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:



COBA Attachment – Section III.B

Section III.B COBA Claims Files continued

2 continued. The Receiver ID must be left blank.

3. MCOs must complete the Frequency of Claims File.

Note: Under item 3, the monthly frequency is not recommended due to potential file size and the timeliness of payment to providers. If MCOs choose to proceed with the monthly frequency, in the email to DOH the MCO must provide a date of the month for the file transfer to occur. Transmission dates are Tuesday through Sunday, therefore if the date the MCO selects lands outside of these days, the file transfer will occur on the next transmission day after the selected date.

4. MCOs must complete the Media Type.

5. This area 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

MCOs must list the legal name of the entities (vendors) that they contract with to send and receive data as it relates to COBA. *Trading Partner Contractor* refers to entities that receive, route, and/or translate files that contain PHI/IIHI on behalf of the MCO. Such entities include healthcare clearinghouses, network service vendors, data transmission services and billing services.

Note: The BCRC can exchange COBA files with only a single entity which may be the MCO, or in some cases at the MCO's request, may be the MCO's vendor.

- When a MCO has only one vendor and the MCO would like the BCRC to exchange all COBA files directly with that vendor, the MCO can work with the BCRC to exchange files only with that vendor.
- When a MCO has more than one vendor, the BCRC will exchange the COBA files directly with the MCO and the MCO is responsible for distributing the appropriate COBA files to their vendors.

May 25, 2021-Updated November 2022

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

A signed, notarized COBA Attestation is required for all COBA Attachment submissions.

NOTE: For MCOs operating multiple Medicaid LOBs- submissions with multiple Attachments will require only one COBA 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

- Questions 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
- COBA Attachments must be returned in a fillable PDF format
- Include a 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

While the MCO is added 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).

Reminder: MCOs are bound by the terms and conditions of the COBA Agreement.

Additional information about the COBA is available at:

[Coordination of Benefits Agreement | CMS](#)

doh.sm.COBA@health.ny.gov