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(763) Coordination of Benefits Agreement

The federal government is making a major change in its method of crossover claim processing. Effective April 2006, the Centers for Medicare & Medicaid Services (CMS) is consolidating the Medicare claims crossover process by means of the Coordination of Benefit Agreement (COBA). CMS has chosen a single entity, the Coordination of Benefits Contractor (COBC) to handle crossing supplemental claims to supplemental payers including Medicaid. The IHCP has signed a COBA initiative to allow the COBA to transmit claims information for processing.

To help to ensure proper adjudication of the crossover claims by the IHCP, providers must submit claims correctly to Medicare. When submitting claims to Medicare that will crossover to Medicaid, the IHCP Payer ID of 70035 must be submitted in the COB Loop. The [Companion Guide: 837 Institutional Claims and Encounters Transaction](#) and the [Companion Guide: 837 Professional Claims and Encounters Transaction](#) have been updated to include changes for COBA and are available at:

http://www.indianamedicaid.com/ihcp/TradingPartner/tp_companion_guides.asp.

With the implementation of COBA, there are several Medicare Trading Partners eligible to trade information with the COBC. A complete list of the Medicare payer IDs can be found at http://www.indianamedicaid.com/ihcp/Misc_PDF/Medicare_Payer_IDs.pdf.

As a reminder the acceptance of crossover claims via vendor software was implemented on September 26, 2003 and will continue to be accepted.

Additional billing requirements, are available in the [NL200603](#) *March 2006 Provider Monthly Newsletter* available on the IHCP Web site at

<http://www.indianamedicaid.com/ihcp/Newsletters/NL200603.pdf>.

Implementation Date: April 4, 2006