

Reporting a Case to the Coordination of Benefits Contractor (COBC)

*In Liability Insurance, No-Fault Insurance &
Worker's Compensation Cases*



This document includes the following:

- The Roles & Responsibilities of the Coordination of Benefits Contractor (COBC)
- Instructions for Reporting a Case to the COBC
- Methods of Contacting the COBC
- The Rights and Responsibilities Letter
- Conditional Payment Letter

Coordination of Benefits Contractor (COBC) Roles & Responsibilities

In Liability Insurance, No-Fault Insurance & Worker's Compensation Cases

- The COBC collects information from multiple sources to research MSP situations, as appropriate. *(e.g. They collect the information from claims processors, MMSEA Section 111 Mandatory Insurer Reporting submissions, Initial Enrollment Questionnaire (IEQ), Worker's Compensation carriers)*
- The COBC is responsible for updates to MSP situations including Insurance updates, address changes, changes in coverage effective dates, etc.



Reporting a Case to COBC

- Always contact the COBC first whenever you have a pending Liability, No-Fault, or Workers' Compensation claim. Be prepared to provide the COBC with the following information:
- Beneficiary Information
 - Beneficiary's Name
 - Beneficiary's Health Insurance Claim Number (HICN)
 - Beneficiary's Gender and Date of Birth
 - Beneficiary's Address and Phone number
- Case Information
 - Date of injury/accident, date of first exposure, ingestion or, implant.
 - Description of alleged injury or illness or harm.
 - Type of Claim (Liability insurance, No-Fault insurance, Workers' Compensation).
 - Insurer/Workers' Compensation name and address.
- Representative Information
 - Representative/attorney name
 - Law Firm name if the representative is an attorney
 - Address and phone number



Contacting COBC

By Telephone

COBC Call Center:

1-800-999-1118

1-800-318-8782 (TTY/TDD)

Hours of Operation: Monday - Friday 8am-8pm(ET)

By Mail - General Inquiries

MEDICARE- Coordination of Benefits

P.O. Box 33847

Detroit, MI 48232 - 5847



MSPRC Rights and Responsibilities Letter

- Once the case is established with the COBC, you will receive a “Rights and Responsibilities” Letter (RAR) from the MSPRC.
- The RAR letter is mailed to all parties associated with the case and is accompanied by:
 - A correspondence coversheet,
 - An educational brochure, and
 - A Privacy Act enclosure



Conditional Payment Letter (CPL)

- A “Conditional Payment Letter” or “CPL” provides information on items or services the MSPRC has identified as being related to the pending NGHP claim. The conditional payment amount is an interim amount. Medicare may continue to make conditional payments while a matter is pending. Consequently, the MSPRC cannot provide a final conditional payment amount until there is a settlement or other resolution.
- An initial CPL does NOT need to be requested. A CPL will now be generated automatically within 65 days of the issuance of the "Rights and Responsibilities Letter".
- Exception -If a pending NGHP claim was reported to the COBC before 10/1/09, an initial CPL must be requested.
- Updated CPL amounts are generally unavailable until at least 90 days after the initial CPL is issued. CMS’ systems retrieve additional paid claims for each established case once every 90 days. The updated CPL information will appear automatically on the beneficiary’s mymedicare.gov record. However, any settlement, judgment, award, or other payment should be reported as soon as possible so that the MSPRC can take steps to expedite a final demand amount.

Thank you for reviewing our presentation entitled:

Reporting a Case to COBC