



COBA PROBLEM INQUIRY REQUEST FORM

(Completed by Submitter)

Trading Partner's COBA ID # <i>(Enter the COBA ID # assigned by CMS)</i>																									
COBA ID Status <i>(Check one Indicate if COBA ID is in Test or Production Status)</i>	<input type="checkbox"/> Test <input checked="" type="checkbox"/> Production																								
Reported By <i>(Enter submitter's last name, first name)</i>																									
Date Submitted <i>(Enter current date – MM/DD/YR)</i>																									
Company Name <i>(Enter complete company name associated with COBA ID)</i>																									
Contact # <i>(Enter submitter's contact #)</i>																									
E-mail Address <i>(Enter submitter's e-mail address)</i>																									
Description of Problem <i>(Check applicable category)</i>																									
<input type="checkbox"/> Contract <i>(Issues relative to COBA contract signing)</i>																									
<input type="checkbox"/> Connectivity <i>(Data file transmission failures; non receipt of file; and changes to set-up)</i>																									
<input type="checkbox"/> Eligibility <i>(Problems relating to the processing of your mini or full eligibility file)</i>																									
<input type="checkbox"/> Claims <i>(Issues regarding Part A and/or Part B claims crossed)</i> <i>For Claim Disputes, provide the following information as applicable to claim level of the ANSI 837 file in dispute:</i>																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">ISA-IEA Level</th> <th style="width: 25%;">ST-SE Level</th> <th style="width: 25%;">Claim Level*</th> <th style="width: 25%;"></th> </tr> </thead> <tbody> <tr> <td>ISA Control #</td> <td>ISA-Control #</td> <td>File Name</td> <td></td> </tr> <tr> <td>ISA Date</td> <td>ISA Date</td> <td># Disputed Claims</td> <td></td> </tr> <tr> <td>Dispute Code</td> <td>ST Control #</td> <td></td> <td></td> </tr> <tr> <td>ICN# (from File)</td> <td>Dispute Code</td> <td></td> <td></td> </tr> <tr> <td></td> <td>ICN# (from file)</td> <td></td> <td></td> </tr> </tbody> </table>		ISA-IEA Level	ST-SE Level	Claim Level*		ISA Control #	ISA-Control #	File Name		ISA Date	ISA Date	# Disputed Claims		Dispute Code	ST Control #			ICN# (from File)	Dispute Code				ICN# (from file)		
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<i>*Submit Dispute Claim Flat File using layout provided in Attachment A of COBA User Implementation Guide.</i>																									
<input type="checkbox"/> Financial <i>(Invoice inquiries and discrepancies)</i>																									
Summary of Issue <i>(Provide detail of problem and note if back-up information will be faxed, e.g., Sample Claims to be Faxed on MM/DD/YR – do not include any PHI information on this form. All PHI information must be submitted via fax to 646-458-6761.)</i>																									