

FREQUENTLY ASKED QUESTIONS MEDICARE–MEDICAID CROSSOVER CLAIMS

This document is divided into the following topic areas to assist you in locating information:

- What Claims Will Crossover
- When Will Crossover Begin
- Transmitting Crossover Claims
- Verifying/Adjusting Crossover Claims
- Benefits of Crossover Claims

Please refer to Medicaid All Provider Bulletin 04-05 issued June 1, 2004, which provides detailed information on the crossover process with the Michigan Part B Carrier, Wisconsin Physician Service.

SECTION A: WHAT CLAIMS WILL CROSS OVER

A.Q1. Will all Medicare claims be crossed over to Michigan Medicaid?

A.A1: No.

A.Q2: Which Medicare claims will be crossed over to Michigan Medicaid?

A.A2: Michigan Medicaid is initially accepting only Medicare Part B professional claims from Wisconsin Physician Service (WPS).

A.Q3: Are there any claims excluded from the crossover process between WPS and Michigan Medicaid?

A.A3: Yes. The following types of claims will be excluded (not sent to Michigan Medicaid from WPS) from the crossover process:

- Totally denied claims;
- Claims denied as duplicates or for missing information;
- Adjustment claims (referred to as “replacement or void/cancel claims”);
- Claims reimbursed at 100 percent from WPS;
- Claims for dates of services outside the beneficiary’s Medicaid eligibility begin and end dates.

A.Q4: Will non-physician practitioner (e.g., PA, nurse practitioner, nurse mid-wife, psychologist, social worker, etc.) claims be crossed over to Michigan Medicaid?

A.A4: Yes. If the practitioner is directly enrolled in Michigan Medicaid, submit that Medicaid provider ID on the claim to WPS. Otherwise, the supervising physician/medical clinic Medicaid provider ID must be reported. (See C.Q1 & C.A1 for more information)

WPS will pass this information on to Michigan Medicaid and it will be the basis of identifying the provider for purposes of Michigan Medicaid claims processing.

A.Q5: Which claims will NOT be crossed over to Michigan Medicaid?

A.A5: Claims processed by any Part B carrier other than WPS, a DMERC carrier, or any Part A claim will not be crossed over to Michigan Medicaid at this time. These claims must continue to be sent directly to Michigan Medicaid.

A.Q6: Will DMERC and Part A claims be crossed over?

A.A6: Not at this time; providers will be notified when this will occur.

A.Q7: Will hospital inpatient or outpatient Part B claims be crossed over to Michigan Medicaid? (New 10-04)

A.A7: No. Michigan Medicaid is initially accepting only Medicare Part B professional claims from WPS.

A.Q8: Will a HCFA 1500 paper claim sent to WPS be crossed over?

A.A8: HCFA 1500 paper claims sent to WPS will be sent to Michigan Medicaid in the HIPAA mandated 837 4010A1 format. There is no way to report the Medicaid provider ID on a paper claim submitted to WPS. Michigan Medicaid cannot process a crossover claim without the Medicaid provider ID. If you submit a paper claim to WPS, you will have to directly submit a claim to Michigan Medicaid after receiving the remittance advice from WPS. (Rev. 10-04)

A.Q9: Will a claim for a recipient who has Medicare, other insurance, and Medicaid be crossed over to all payers?

A.A9: No. Claims that include a secondary payer other than Michigan Medicaid may be crossed over to the secondary payer, but not to Michigan Medicaid. Once a remittance advice or explanation of benefits (EOB) is received from the secondary payer, the claim can be submitted directly to Michigan Medicaid, *with* the updated Medicare and other insurer payment and/or adjudication information.

A.Q10: Will claims where Medicare is the secondary payer and Michigan Medicaid is the tertiary payer be crossed over?

A.A10: Yes. If Michigan Medicaid is identified as the only other payer following Medicare, the Part B claims should be crossed over from WPS.

SECTION B: WHEN WILL CROSSOVER BEGIN**B.Q1. When will the Medicare to Medicaid crossover begin?**

B.A1. Part B professional claims have been crossed over from WPS since the end of July 2004. When WPS sends claims to Michigan Medicaid, your Medicare remittance advice will include remark code MA07 (“The claim information has been forwarded to Medicaid for review”). If your remittance advice does *not* have MA07, the claim has not been crossed over, and should be submitted directly to Michigan Medicaid.

Michigan Medicaid is working on a crossover agreement with AdminaStar for DMERC claims and with UGS for Part A claims. Providers will be notified well in advance if crossover will occur with these Medicare contractors. (*Rev. 10-04*)

SECTION C: TRANSMITTING CROSSOVER CLAIMS

C.Q1: What is the most important requirement for Michigan Medicaid to successfully process a crossover claim?

C.A1: The Medicaid provider ID must be reported *in addition* to the Medicare provider ID on the Medicare claim sent to WPS.

If you use a clearinghouse, you must work with your vendor to determine where to enter the Medicaid provider ID on the format you submit to your vendor for claims sent to Medicare first.

If submitting claims in the 837 4010A1 format, enter the Medicaid provider ID by repeating Loop ID 2010AA REF01 and REF02 on a crossover claim, as follows:

- Loop ID 2010AA REF01: Enter “1D” for Medicaid.
- Loop ID 2010AA REF02: Enter the 9-digit Medicaid provider ID (2-digit provider type followed by the 7-digit number).

WPS will pass this information on to Michigan Medicaid, and it will be the basis of identifying the provider for purposes of Michigan Medicaid claims processing.

Remember – paper claims do not accommodate a second provider ID so if you send a paper claim to WPS, it will be crossed over, but Michigan Medicaid will not process it as there will be no Medicaid provider ID. (*Rev. 10-04*)

C.Q2: Why do I need to include the Medicaid provider ID in one of the repeats of Loop 2010AA REF01 and REF02 (Billing Provider Secondary Identification) for crossover claims? Why can't I send the Medicaid provider ID in Loop 2420A REF01 and REF02 (Rendering Provider Secondary Identification)? (*New 10-04*)

C.A2: The Medicaid provider ID must be included in a repeat of Loop 2010AA REF01 and REF02 for appropriate claims processing by Michigan Medicaid.

C.Q3: What should I do about claims denied or rejected by WPS?

C.A3: Providers must resolve rejected and denied claims directly with WPS unless the service is an excluded benefit for Medicare that Medicaid will cover, such as insertion of an IUD. In that case, the excluded Medicare service can be billed directly to Michigan Medicaid.

C.Q4: I use a clearinghouse, how do I transmit the Medicaid Provider ID to WPS? (*New 10-04*)

C.A4: You must work with your clearinghouse or vendor to determine where you enter the Medicaid provider ID on the format you use to submit claims to Medicare. It is up to the

vendor to ensure the Medicaid Provider ID is included in the proper Loop on the electronic claim sent to WPS. (*Rev. 10-04*)

C.Q5. I submit the Medicare Group Provider ID in the 2010AA Loop and the rendering provider ID in the 2310B Loop. Should I send the Medicaid provider ID in the 2310B Loop as there is no Medicaid provider Group ID? (*New 10-04*)

C.A5: No. Loop 2010AA is for the Billing Provider. That may be a group or an individual provider number based on the payer's requirements. Medicare requires the Group provider ID and Medicaid requires the individual provider ID as the Billing Provider. The first iteration of Loop 2010AA should be the Medicare Group ID and the second iteration or repeat of Loop 2010AA must be the individual Medicaid provider ID. If the Medicaid provider ID is not present in this Loop, Michigan Medicaid cannot process the claim.

C.Q6: I am changing my software to include the Michigan Medicaid provider ID on the Part B claims sent to Medicare (WPS). Should I also make the change to include the Medicaid provider ID on Part A and DMERC claims? (*New 10-04*)

C.A6: Yes. Even though Michigan Medicaid does not receive crossover claims for Part A and DMERC at this time, we anticipate this will occur in the future. Providers are encouraged to start entering their Medicaid provider ID in addition to the Medicare provider ID on electronic claims to prepare for the crossover process. (See C.Q1 & C.A1 for specific instructions)

C.Q7: Should I bill the UA and UD modifiers to Medicare for emergency room E&M services? (*New 10-04*)

C.A7: No. WPS will not accept the UA & UD modifiers for the emergency room E&M services and the claim will be rejected back to the provider.

When you bill Medicare for the ER visit, do not include the modifiers. Medicare will process the claim and forward to Michigan Medicaid for processing. If you believe the payment you receive from Michigan Medicaid is not correct, you may submit a claim replacement directly to Michigan Medicaid including the appropriate UA or UD modifier and the claim will be reprocessed and paid accordingly.

If you bill Medicare and do not include your Medicaid provider ID in Loop 2010AA, the claim will crossover but will not be processed by Michigan Medicaid. You will have to submit a claim directly to Michigan Medicaid to receive payment.

SECTION D: VERIFYING/ADJUSTING TRANSMITTED CLAIMS

D.Q1: How will I know WPS crossed over my claim?

D.A1: Your Medicare remittance advice will include remark code MA07 (“The claim information has also been forwarded to Medicaid for review”) for the claims that have been crossed over.

D.Q2: How will I know Michigan Medicaid’s payment decision? (New 10-04)

D.A2: Crossover claims will appear on your Michigan Medicaid remittance advice, just like claims sent directly to Michigan Medicaid.

D.Q3: What happens if the Medicare remittance advice indicates that a claim was crossed over but a response or payment from Michigan Medicaid is missing?

D.A3: If providers receive payment from Medicare and the WPS remittance advice indicates the claim was crossed over to Michigan Medicaid but you do not see the claim appearing on the Medicaid RA within 30 days, then the claim should be submitted directly to Michigan Medicaid with the updated Medicare payment and/or adjudication information.

D.Q4: What should I do about crossover claims rejected or denied by Michigan Medicaid?

D.A4: If it appears the claim has been inappropriately rejected or denied by Michigan Medicaid, contact the MDCH Provider Support line at 1-800-292-2550 or e-mail ProviderSupport@michigan.gov for guidance on how to proceed.

D.Q5: How does a previously crossed over claim that needs to be adjusted (replacement or void/cancel) get submitted to Medicare and Michigan Medicaid? (New 10-04)

D.A5: Submit the adjustment (replacement or void/cancel) to Medicare first. Adjustments (replacements or void/cancels) are excluded from the crossover process. When the remittance advice arrives from Medicare, submit the claim adjustment (replacement or void/cancel) directly to Michigan Medicaid with the updated Medicare payment and/or adjudication information.

D.Q6: Can a 276 Status Request be submitted for a crossover claim? (New 10-04)

D.A6: Yes.

SECTION E: BENEFITS OF CROSSOVER CLAIMS

E.Q1: What are the benefits of crossover?

E.A1: Providers will benefit from the crossover process in the following ways:

- Only one claim will need to be generated instead of two, saving administrative costs.
- No Medicare EOBs need to be sent to Medicaid.
- Providers will experience expedited payment due to electronic submission.
- Medicare payment information will be accurate.