

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 06-07 issued February 2006, which provides detailed information on the crossover process with the COBC (Coordination of Benefits Contractor).

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 will only receive Medicare Part B professional claims and DMERC claims from the COBC.

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

A.A3: Yes. The following types of claims will be excluded (not sent to Michigan Medicaid from the COBC) 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 by Medicare;
- Claims for dates of services outside the beneficiary's Medicaid eligibility begin and end dates.
- Part A claims

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 your Medicare Part B and DMERC carrier. Otherwise, the supervising physician/medical clinic Medicaid provider ID must be reported. (See C.Q1 & C.A1 for more information)

Medicare-Medicaid Crossover Claims

The COBC 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: Will Part A claims be crossed over?

A.A5: Not at this time; providers will be notified when this will occur.

A.Q6: Will hospital inpatient or outpatient Part B institutional claims be crossed over to Michigan Medicaid?

A.A6: No. Michigan Medicaid is initially accepting only Medicare Part B professional claims and DMERC claims from the COBC.

A.Q7: Will a CMS 1500 paper claim sent to my Medicare Part B or DMERC carrier be crossed over?

A.A7: There is no way to report the Medicaid provider ID on a paper claim. Michigan Medicaid cannot process a crossover claim without the Medicaid provider ID. If you submit a paper claim to your Medicare Part B and DMERC carrier, you will have to directly submit a claim to Michigan Medicaid after receiving the remittance advice from your Medicare carrier.

A.Q8: Will a claim for a recipient who has Medicare, other insurance, and Medicaid be crossed over to all payers?

A.A8: 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.Q9: Will claims where Medicare is the secondary payer and Michigan Medicaid is the tertiary payer be crossed over?

A.A9: Yes. If Michigan Medicaid is identified as the only other payer following Medicare, the Part B professional and DMERC claims should be crossed over from the COBC.

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. DMERC claims have been crossed over from AdminaStar beginning in May 2005. When the COBC 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

Medicare-Medicaid Crossover Claims

remittance advice does *not* have MA07, the claim has not been crossed over, and should be submitted directly to Michigan Medicaid.

B.Q2. How can I tell from my Medicaid RA if the claim being adjudicated was submitted by my billing agent or if it was sent as a part of Medicare crossover?

B.A2. If the claim being adjudicated is a crossover claim, the Medicaid 835 will have a "006B" in Loop 2100 NM109 [Service Provider Name] (e.g. 101111111**006B**). On the Medicaid paper RA the value of "-6B" will be listed immediately following the CRN number (e.g. 6001123456-**6B**).

SECTION C: TRANSMITTING CROSSOVER CLAIMS

C.Q1: What is the most important requirement for Michigan Medicaid to successfully process a crossover claim? (Rev.02-06)

C.A1: The Medicaid 9 digit provider ID number must be reported *in addition* to the Medicare provider ID on an electronic (4010A1) claim sent to any Medicare carrier. 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 you report only a Billing Provider ID (Loop 2010AA) to Medicare because the billing and rendering provider are the same, then report the Medicaid provider ID number in a repeat of Loop 2010AA as follows:

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

If you must report a Billing Provider ID (Loop 2010AA) *and* a Rendering Provider ID (Loop 2310B) to Medicare because the rendering provider is *different than the billing provider*, then report the Medicaid provider ID in a repeat of Loop 2310B as follows:

- Loop 2310B REF 01: enter "1D" for Medicaid
- Loop 2310B REF02: enter the 9 digit Medicaid provider ID number (2 digit provider type followed by the 7 digit number)

This information will be passed on to Michigan Medicaid and it will be the basis of identifying the provider for purposes of Michigan Medicaid claims processing. **If the Medicaid provider ID is not included on the claim sent to Medicare, Michigan Medicaid will not be able to process the claim.**

Medicare-Medicaid Crossover Claims

C.Q2: What type of information do I have to include on a claim that I send to Medicare with my NPI?
(New.02-06)

C.A2: Until May 2007, Michigan Medicaid requires that providers continue to include their MDCH provider ID on claims sent to their Medicare Part B and DMERC carriers, in addition to including the NPI on the claim. (See C.Q1 & C.A1 for more information).

C.Q3: What should I do about claims denied or rejected by my Medicare Part B or DMERC carrier?

C.A3: Providers must resolve rejected and denied claims directly with their Medicare Part B or DMERC carrier unless the service is an excluded benefit for Medicare that Medicaid will cover, such as insertion of an IUD or a hearing aid supply. 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 Medicare?

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 your Medicare Part B or DMERC carrier.

C.Q5: Should I bill the UA and UD modifiers to Medicare for emergency room E&M services?

C.A5: No. Medicare 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.

SECTION D: VERIFYING/ADJUSTING TRANSMITTED CLAIMS

D.Q1: How will I know the COBC 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?

Medicare-Medicaid Crossover Claims

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 Medicare 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.

You should also contact your billing vendor to make sure that the Medicaid provider ID was correctly reported on the crossover claim (See C.Q1 & C.A1 for more information). Michigan Medicaid cannot process a crossover claim without the Medicaid provider ID reported in the appropriate segment.

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?

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?

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.