

PROVIDER INQUIRER

February 1st, 2006

www.michigan.gov/mdch

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New Provider Enrollment Agreement

The Michigan Medicaid program has revised the Medical Assistance Provider Enrollment & Trading Partner Agreement (DCH-1625). Previous editions of this form may not be used to request enrollment in the Medicaid program.

To obtain a copy of the new form visit our website at: www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> Provider Enrollment. You may download the form through Microsoft Word or an Adobe document. You may also type on the form and then print the form that must be mailed in. Medicaid encourages all providers to type out the form instead of writing.

Providers without Internet access may also contact the Provider Enrollment Unit at 517-335-5492 or

ProviderEnrollment@michigan.gov.

Billing Beneficiaries

Medicaid providers, under Medicaid policy, cannot bill Medicaid beneficiaries once submitting a claim to Medicaid. There are certain situations where a Medicaid provider may bill a Medicaid beneficiary directly. Please refer to the General Information for Providers chapter, Section 9 Billing Beneficiaries. It explains exact situations in which it is acceptable for a Medicaid provider to bill a Medicaid beneficiary.

One situation explained within Section 9 that happens frequently refers to Medicare eligible beneficiaries. If a beneficiary refuses to file for Medicare Part A or B, the beneficiary may be billed. Under this situation, the beneficiary is also responsible for their own medications under Medicare Part D.

If a Medicaid-only beneficiary understands that a provider is not accepting him as a Medicaid patient and asks to be private pay, the provider may charge the beneficiary their usual and customary charges for services rendered. The beneficiary must be advised prior to services being rendered that his MIHealth card is not accepted and that he is responsible for payment. It is recommended that the provider obtain the beneficiary's acknowledgement of payment responsibility in writing for the specific services to be provided.

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What's New



Medicare Part B Crossover Claims

The Michigan Department of Community Health (MDCH) has been accepting Medicare Part B crossover claims from Wisconsin Physician Service (WPS) since August 2004 and from AdminaStar since June 2005. The crossover process allows providers to submit a single claim for individuals dually eligible for Medicare and Medicaid to the Medicare carrier. The Medicare carrier will then submit your claim to Medicaid for adjudication.

A crossover claim without the Medicaid provider ID number cannot be processed by MDCH. Providers that wish to utilize the crossover process must include the Medicare and Medicaid provider ID on every claim to Medicare to ensure proper payment by Medicaid.

Due to issues with group providers, Medicaid is changing the way the Medicaid provider ID is allowed for crossover claims.

NON-GROUP PROVIDERS - Non-Group providers report only a Billing Provider ID to Medicare because the billing and rendering provider are the same. Non-Group providers should report the Medicaid provider ID number in Loop 2010AA.

GROUP PROVIDERS - Group providers report a Billing Provider ID and a Rendering Provider ID to Medicare because the Rendering Provider ID is different than the billing provider. Group providers should report the Medicaid provider ID in Loop 2310B.

In both Loops the Medicaid Provider ID is located with the REF Segment and should be identified with a 1D qualifier (Example: REF*1D*108888888). Without the Medicaid Provider ID reported correctly the claim will be forwarded from Medicare to Medicaid, but Medicaid will be unable to process your claim.

Any questions with crossover claims please contact Provider Inquiry at 1-800-292-2550 or ProviderSupport@michigan.gov or Electronic Billing at AutomatedBilling@michigan.gov.

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Electronic Remittance Advice

The MDCH Electronic Remittance Advice (RA), also known as the 835, is provided by MDCH to any billing agents. Medicaid encourages all providers to sign up for the 835 to become familiar with the format.

In order to receive the 835, providers will need to visit the Electronic Billing website and fill out the 835/277U Request Form. This form asks for contact information, your tax ID and the billing agent ID that will be receiving the 835. Make sure that you are giving your Federal tax ID and not your Medicaid provider ID. The 835 is set up by tax ID, all Medicaid providers that receive RA's under that tax ID will have information within the 835. The 835 can only be sent to one billing agent per tax ID.

The 835 reports the nationally recognized reason and remark codes. This will be the biggest change for Medicaid providers. Eventually the MDCH edits will be eliminated and Medicaid will begin to use the Medicare reason and remark codes to report claim information. Medicaid has a posted crosswalk of MDCH edits to the reason and remark codes which is posted at the Electronic Billing webpage.

The reason and remark codes will be the only codes to appear on the 835 as well as the paper RA. The paper RA will still be available and distributed with the replacement of the reason and remark codes and a few other minor changes.

Currently the 835 reports some of the reason codes and all of the remark codes. Changes will be made to report all reason codes for a one on one relationship of reason codes to remark codes. This will make it easier to identify the edits. Keep checking the Electronic Billing website for the date the changes will be made.

For more information please visit www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> Electronic Billing.



The State of Michigan offices will be closed:

Monday, February 20, 2006 - President's Day