MSA MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Community Health

Bulletin Number: MSA 11-32

Distribution: Nursing Facilities, County Medical Care Facilities, Hospital Long-Term Care Units, Outpatient County Medical Care Facilities, Hospital Swing Beds, and Ventilator -Dependent Care Units

Issued: August 1, 2011

Subject: Medicare – Medicaid Nursing Facility Crossover Claims with Group Health Incorporated (GHI) (Coordination of Benefits)

Effective: September 1, 2011

Programs Affected: Medicaid

Beginning in fall 2011, the Michigan Department of Community Health (MDCH) will be accepting institutional crossover claims from the coordination of benefits contractor, Group Health Incorporated (GHI).

The institutional nursing facility crossover claim process will allow nursing facilities to submit a single claim for residents dually eligible for Medicare and Medicaid. After processing the Medicare portion, GHI will forward the claim to Michigan Medicaid for processing and reimbursement.

A remittance advice (RA) will be generated from Medicare with the details of the Medicare payment and Remark Code MA07 (the claim information has also been forwarded to Medicaid for review). If this remark code does not appear on the Medicare RA, a separate claim will have to be submitted to MDCH.

Once Medicare payment is received by the facility and Remark Code MA07 appears on the Medicare RA, the claim should appear on the Medicaid RA within 30 days. The facility may check claim status online through the Community Health Automated Medicaid Processing System (CHAMPS). If the claim does not appear in CHAMPS within 30 days, a claim should be submitted directly to MDCH showing all of the Medicare payment information.

Providers must resolve denied claims with Medicare when there is a denied Medicare service not covered by Medicaid. The excluded Medicare service covered by Medicaid should be billed directly to Medicaid.

The following claims are <u>excluded</u> from the crossover process:

- Original Medicare claims paid in full without deductible or co-insurance remaining;
- Claims with private and commercial insurance;
- Adjustment claims fully paid without deductible or co-insurance;
- Original Medicare claims paid at greater than 100% of submitted charges without deductible or co-insurance remaining;
- 100% denied original claims;
- 100% denied adjustment claims, with no additional beneficiary liability;
- 100% denied original claims, with additional beneficiary liability;
- 100% denied adjustment claims, with additional beneficiary liability;
- Adjustment claims;

- Mass adjustment claims - other (monetary or non-monetary);
- Medicare secondary payer cost-avoided (fully denied) claims; and
- Claims reporting Revenue Code 0160 (Medicaid Reimbursement for a Nursing Facility Bed Following a Qualifying Medicare Hospital Stay).

Note: For any Medicare Part B services associated with this nursing facility claim, the facility would bill Medicare accordingly.

Billing Instructions

- ✓ Nursing facilities must continue to complete their claims as they have been doing for Medicare.

- ✓ Nursing facilities must report the beneficiary's patient-pay, any offset to the patient-pay amount, and voluntary payments on the claim submitted to Medicare.

- ✓ When reporting ancillary services, the facility must indicate the **service date** on the line level of the claim. Ancillary services are listed in the Medicaid Provider Manual, Billing & Reimbursement for Institutional Providers Chapter, Sections 7.11 - 7.14 (Revenue Code 0410 - Oxygen). The manual is posted online at: www.michigan.gov/medicaidproviders >> Policy and Forms >> Medicaid Provider Manual.

Ventilator - Dependent Care Units

Medicaid - enrolled ventilator - dependent care units have a distinct National Provider Identifier (NPI) number for Medicaid billing. That number is separate from their "regular" facility NPI number. The facility would use their "regular" NPI number to bill days 1 to 100 to Medicare. Starting on day 101, the facility would bill Medicaid directly using its ventilator - dependent care unit distinct NPI number.

Additional Website Information

The following website provides more information and frequently asked crossover questions: www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Medicare Crossover.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments in writing to:

Marion Killingsworth
Michigan Department of Community Health
Medical Services Administration
P.O. Box 30479
Lansing, Michigan 48909-7979
Or
E-mail: killingsworth@michigan.gov

Comments received will be considered for revisions to the bulletin.

Manual Maintenance

Retain this bulletin until applicable information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

Stephen Fitton, Director
Medical Services Administration