

**Bulletin Number:** MSA 10-46

**Distribution:** Hospitals, Nursing Facilities, County Medical Care Facilities, Hospital Long-Term Care Units, Hospital Swing Beds, Outpatient County Medical Care Facilities, Ventilator Dependent Care Units, Hospice, Private Duty Nursing, Home Health Agencies, Federally Qualified Health Centers, and Rural Health Clinics

**Issued:** October 1, 2010

**Subject:** Institutional Crossover Claims

**Effective:** November 1, 2010

**Programs Affected:** Medicaid, Children's Special Health Care Services (CSHCS), Adult Benefits Waiver (ABW), Maternity Outpatient Medical Services (MOMS) and Plan First!

Beginning in November 2010, the Michigan Department of Community Health (MDCH) will begin accepting institutional crossover claims from the coordination of benefits contractor, Group Health Incorporated (GHI). The institutional crossover claim process will allow providers to submit a single claim for individuals dually eligible for Medicare and Medicaid, or qualified Medicare beneficiaries eligible for Medicaid payment of co-insurance and deductible to Medicare, and then 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 payment is received from Medicare and the MA07 remark code appears on the Medicare RA, providers should expect to see the claim appearing on the Medicaid RA within 30 days. Providers may check the status of their claims 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. The only exception to this is when the service is an excluded benefit for Medicare, but is covered by Medicaid. In those cases, the excluded Medicare service can be billed directly to Medicaid.

### **Crossover Claim Process Exclusions**

The following types of claims will be excluded from the institutional crossover files:

- Original Medicare claims paid in full without deductible or co-insurance remaining;
- 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, with no additional beneficiary liability;
- 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, non-monetary/statistical;
- Mass adjustment claims - other (monetary or non-monetary);
- Medicare Secondary Payer cost-avoided (fully denied) claims;
- Claims with private and commercial insurance;
- Rural Health Clinic claims (MDCH is planning to phase them in at a future date);
- Freestanding Dialysis Clinic claims;
- Federally Qualified Health Center claims (MDCH is planning to phase them in at a future date);
- Home Health claims;
- Private Duty Nursing claims; and
- Hospice claims.

### **Medicare Institutional Crossover Claim Additional Information**

For more information regarding Institutional billing instructions and to access the crossover frequently asked questions (FAQ), providers may review the MDCH website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing and Reimbursement >> Medicare Crossover. MDCH will be providing additional institutional crossover claim information on the MDCH website as this process moves forward.

### **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:

Jackie Prokop  
Michigan Department of Community Health  
Medical Services Administration  
P.O. Box 30479  
Lansing, Michigan 48909-7979  
Or  
E-mail: [prokopj@michigan.gov](mailto:prokopj@michigan.gov)

If responding by e-mail, please include "Institutional Crossover" in the subject line. Comments received will be considered for revisions to the bulletin.

### **Manual Maintenance**

Retain this bulletin until the 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](mailto: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