

Medicaid to Implement Automated Medicare Crossover on December 3, 2009

New York State Medicaid will begin receiving Medicare crossover claims directly from Medicare's Coordination of Benefits Contractor (COBC) on December 3, 2009. The COBC is Group Health Inc. (GHI). Regardless of which Medicare processing organization providers send their Medicare claims to, GHI, in its role as the COBC, will be sending crossover claims to NY Medicaid for all of New York State.

The Process

Providers will bill their claims for Medicare/Medicaid beneficiaries, as usual, to Medicare. Medicare will pay its portion to the provider and the provider's Medicare remittance will indicate that the claim will be crossed over to Medicaid. Medicare will then send the claim data to GHI who will submit the data to NY Medicaid for processing and payment of the deductible/coinsurance or co-pay amounts (also known as the Medicare Patient Responsibility (PR's). In the case where the Medicare remittance advice does not indicate the claim has been crossed over to Medicaid, the provider should submit the claim directly to Medicaid.

On the Medicare 835, the crossover indicator will be in loop 2100, NM1 segment NM101 = TT. NM103 will have a name indicating NY Medicaid. The exact literal is unknown at this point. The paper Medicare remittance will have a crossover indicator as well.

Providers should begin watching their Medicare remittances for the crossover indicators on or about December 1, 2009 to determine whether their claims have been crossed over to Medicaid for processing. Any claim that was indicated by Medicare as a crossover need not be submitted to Medicaid as a separate claim.

Important Points of Interest

- The National Provider ID (NPI) on the claim submitted to Medicare must be a NPI that is also enrolled with NYS Medicaid. If the NPI on the claim submitted to Medicare is not enrolled with NYS Medicaid, the crossover claims will be rejected. To enroll a NPI with NYS Medicaid, contact the NYS Medicaid Enrollment unit at 800-342-3005.
- The COBC will only submit claims to eMedNY that have been processed and paid by Medicare. Claims denied by Medicare will not be crossed over.
- If a separate claim is submitted directly by the provider to Medicaid for a dual eligible client and the claim is processed before the crossover claim from GHI, both the provider submitted claim and the crossover claim will be paid. The eMedNY system will then automatically void the provider submitted claim.
- Medicare Part-C (Medicare Managed Care) and Part-D claims are not part of this

process.

- Providers will not be able to submit a VOID directly to Medicaid for a COBC claim that was crossed over to Medicaid. The void must be submitted to Medicare. Medicare will void the Medicare payment and the void will be crossed over to Medicaid to be voided.
- Providers may submit an adjustment directly to Medicaid for adjusting a COBC crossover claim. The provider submitted adjustment will be processed like an ordinary adjustment.

Pricing and Payment

- As is done today, pricing of crossover claims will be the Medicare approved amount derived by Medicaid minus the Medicare paid amount reported on the claim. The amounts used by Medicaid will be as they are received from the COBC.
- Locator codes will default to 003 if the zip+4 does not match anything on the provider's Medicaid file.
- There are no changes to the Medicaid remittances (paper or 835 electronic) for COBC claims. All COBC claims will be paid with a Medicaid TCN.
- Electronic remittances from Medicaid for COBC claims will be generated to the default ETIN when the default is set to electronic. If there is no default ETIN, the COBC claims will be reported to the provider on a paper remittance. To indicate an ETIN as a default ETIN, the provider must complete the Electronic Remittance Request form available on emedny.org and must check the box in item 4.
- The coinsurance rule for payment of practitioner and DME claims will remain the same. Medicaid will pay 20% of the Medicare coinsurance amount (20% of the 20%).

Hospital Inpatient COBC Claims that Involve both Medicare Part A and Part B

Inpatient hospital claims will be priced using the Approved Amount minus the Paid Amount. The number of coinsurance days and LTR days will not be used. Medicare Part A and B claims will be crossed over to Medicaid and paid as separate claims. Medicaid will pay the Part A deductible, coinsurance and LTR on one claim and the Medicare Part B patient responsibility will be paid on a separate claim where Medicare Part A covered the claim. Therefore two separate claims will be processed.

Enhanced Clinic Pricing

The Enhanced Clinic Pricing that is applied to designated rate based institutional claims will still occur if a COBC crossover claim is transmitted to Medicaid with a valid rate code. Providers such as UCP clinics, OMR/DD clinics and OMH clinics who are eligible for enhanced pricing must include the Medicaid rate code on any claims submitted to Medicare.

Medicaid will not apply enhanced clinic pricing to any COBC crossover claim that does not contain a rate code. Enhanced Clinic Pricing providers who bill Medicare via the 837 Professional transactions and cannot enter a rate code must resubmit the affected claim (s), with a valid rate code, to Medicaid as an adjustment.

If the provider submitted the claim to Medicare with a rate code and the rate code was not included on the COBC crossover claim, the provider must contact his/her Medicare payer to ensure the omission is corrected.

Enhanced pricing clinic claims will be eligible for the Medicaid retroactive rate adjustment process when the COBC claims are crossed over to Medicaid with a rate code. An enhanced pricing clinic claim submitted directly to Medicaid by the provider will also be eligible for retroactive rate adjustment processing.

Please visit www.emedny.org for updates on the Medicare Crossover Project and look for upcoming articles in the Medicaid Update. Questions regarding the processing of crossover claims should be directed to the eMedNY Call Center at 1-800-343-9000.