



# MEDICARE CROSSOVER PROCESS FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
1. What is meant by the crossover payment?	When Medicaid providers submit claims to Medicare for Medicare/Medicaid beneficiaries, Medicare will pay the claim, apply a deductible/coinsurance or co-pay amount and then automatically forward the claim to Medicaid. <u>Providers will NO longer need to bill Medicaid separately for the Medicare deductible, coinsurance or co-pay amounts.</u>
2. How will the crossover process work?	New York State Medicaid will receive Medicare crossover claims from the Coordination of Benefits Contractor (COBC), Group Health Inc. (GHI). The various Medicare payers across the State will all transmit paid claims for Medicare/Medicaid beneficiaries to GHI. GHI will transmit the claims to eMedNY.
3. When will the crossover process start?	On December 3, 2009 Medicare will start the process of crossing claims to Medicaid for dual eligible beneficiaries.
4. How will I know if my Medicare claims were crossed over to Medicaid?	Your Medicare remittance will have an indicator that will show the claim was an automatic cross over to Medicaid. When the indicator appears on the Medicare remittance you will not bill Medicaid for those clients.
5. Will Medicare release the Medicare EOMB to the providers before the claim is crossed over to eMedNY?	The crossover will occur at the same time the Medicare EOMB is released. Therefore the provider will see the Medicare EOMB before they see the Medicaid remittance or the crossover payments from eMedNY.
6. What will be the indicator on the Medicare	

paper remittance?	The Medicare Remittance will include a Remittance Remark Code of MA18 indicating the claim has been forwarded to a supplemental payer and will name NY Medicaid as that payer.
7. What is the loop and segment for the Medicare indicator on the electronic 835 remittance?	On the <u>Medicare</u> 835, the crossover indicator will be in loop 2100, NM 1 Segment; NM 101 = TT. NM 103 will contain the name of the entity the claim is crossed over to. The Medicare Remittance will include a Remittance Remark Code of MA18 indicating the claim has been forwarded to a supplemental payer and will name NY Medicaid as that payer.
8. Will my Medicaid remittance change?	There will be no changes to the content of the Medicaid paper remittance or the Medicaid electronic 835 remittance.
9. Will the crossover affect how I get my electronic 835 remittances?	Your Medicaid 835 remittance will be generated to that Electronic Transmitter ID Number (ETIN) that is designated by you as your default ETIN. If no ETIN has been designated as a default ETIN then the remittance will be produced as a paper remittance.
10. How can I designate an ETIN as my default ETIN?	To indicate an ETIN as a default ETIN, the provider must complete a Default ETIN Selection Form available on emedny.org.
11. How does the Medicare Crossover process affect my Medicaid billing?	You will no longer need to submit claims directly to Medicaid for those Medicaid patients who have both Medicare (Parts A &/or B) and Medicaid.
12. Will Medicare Crossover process affect my Medicare billing?	In most instances, there are no changes to how you bill Medicare however Institutional providers who submit with rate codes are encouraged to include the Medicaid rate code on their claim to Medicare if they submit on the 837I . (See the next FAQ on how to bill with a rate code)

13. I receive enhanced Clinic pricing on my claims, will that payment methodology continue?	<p>The enhanced pricing will continue only if the claim submitted to Medicare contains your Medicaid rate code. If the claim submitted to Medicare does not have your Medicaid rate code the crossover payment will be only the deductible, coinsurance or co-pay due. Send your claim to Medicare with the Medicaid rate code in Loop 2300 in the HI Value Information segment in data element HI01.</p> <p>(visit eMedNY.org for more information at <a href="http://www.emedny.org/hipaa/FAQs/Rate_Codes.html">www.emedny.org/hipaa/FAQs/Rate_Codes.html</a>)</p> <p>Rate codes are sent to Medicaid as 4-digit (numeric) values. If submitting the rate code to Medicare, the following amount format should be used: (NN.NN). N=number and the decimal must be included.</p> <p>If you do not send the Medicaid rate code on your claim to Medicare, you will need to resubmit an adjustment to Medicaid with the correct rate code on the claim in order to receive the enhanced Clinic payment.</p>
13a. If I am submitting the rate code on my Medicare claim, is there a special format?	<p>Send your claim to Medicare with the Medicaid rate code in Loop 2300 in the HI Value Information segment in data element HI01. The following amount format should be used: (NN.NN). N=number and the decimal must be included.</p>
14. What amount will Medicaid reimburse on the crossover claims?	<p>The amount paid by Medicaid will be the deductible/coinsurance or co-pay amounts as indicated on the crossover claim from Medicare.</p>
15. Will the 20 % of the 20% reduction by Medicaid that impacts practitioners, durable medical equipment and optical providers still take place?	<p>Yes the 20% reduction will continue for those providers who were affected by that legislation that reduces the coinsurance amount paid by Medicaid in instances where the Medicare paid amount is higher than the Medicaid fee.</p>
16. Will Medicare cross over claims with no patient responsibilities?	<p>No, only claims with PRs will be part of the automatic crossover system.</p>
17. Will I still need to do Medicaid Eligibility verification for claims I send to Medicare?	<p>Yes, providers will still need to verify Medicaid eligibility with eMedNY as you do today. Send your claim to Medicare, and your claim will be automatically crossed over to Medicaid if the client is eligible for Medicaid.</p>
18. Will I still need to obtain a Utilization Threshold Service Authorization (SA) for	<p>Yes, providers who are required to obtain SAs must continue to obtain SAs from eMedNY for claims</p>

claims sent to Medicare?	that will be crossed over from Medicare.
19. If a claim is submitted to Medicare and 3 lines pay and 2 deny--will the two denied lines crossover on that claim?	If a provider bills multiple lines to Medicare and Medicare pays one or more lines but denies the others, the paid line(s) (as long as there are PRs) will be crossed over to Medicaid and the provider must resubmit the crossover payment as an adjustment to Medicaid to add the additional lines.
20. What if the deductible causes the claim to be zero paid by Medicare?	The claim will still be crossed over and the deductible will be paid by Medicaid.
21. Are Medicare Part C or Part D claims part of the crossover process?	No, Part C and Part D claims will not be part of the crossover process.
22. What will happen if I bill Medicare with a different NPI than I use to bill Medicaid?	The NPI that is used on your Medicare claim must be enrolled with NY Medicaid. Your crossover claims will not be processed if the NPI on your Medicare claim is not enrolled with NY Medicaid. In this case, Medicaid will reject the cross over claim back to Medicare and Medicare will send a notification letter of the rejection to the provider.
23. How do I enroll my NPI with NY Medicaid to take advantage of payments of crossover deductibles and coinsurance?	Enrollments application can be found on this website under Provider Enrollment. Questions about the enrollment process may be directed to the eMedNY Call Center at 1-800-343-9000.
24. Will I be able to submit adjustments and voids to crossover claims?	You will be able to submit adjustments directly to Medicaid for crossover claims. The adjustments will be submitted the same as any other adjustment. <u>Voids must be submitted to Medicare.</u> Medicare will void the claim and crossover over the voided transaction to Medicaid.
25. Will the Medicaid remittance distinguish between a void submitted from Medicare as a cross over and a provider submitted void directly to Medicaid?	There is no indication on the Medicaid remittance that the void was submitted by Medicare or the provider.

26. Will adjustments sent to Medicare be crossed over to Medicaid?	<p>Yes, a provider can submit an adjustment or void to Medicare for a claim that was paid by Medicaid as a crossover claim. Medicare will adjust or void the claim and will crossover the adjustment or void to eMedNY.</p> <p>If a provider submits an adjustment or void to Medicare for a provider submitted Medicaid claim that was paid before the crossover, the adjustment/void will be crossed over from Medicare but will fail Medicaid Edit 00725 (No Matching History For Adjustment/Void). If the provider submitted claim is paid by Medicaid and no claim is crossed over from Medicare and the provider wishes to adjust or void this claim, the adjustment or void must be submitted directly to eMedNY.</p>
27. What if I submit a claim directly to Medicaid for a patient who also has Medicare?	<p>If the crossover claim from Medicare is processed first, the provider submitted claim will be denied as a duplicate claim. If the provider submitted claim is processed prior to the Medicare crossover claim, the provider submitted claim will be paid as it is today if zero fill indicator is included on the claim. When the crossover claim is received it will also be paid. The eMedNY system will then automatically void the provider submitted claim.</p>
28. Will Medicare cross over Nursing Home claims to Medicaid?	<p>No. You will need to continue billing both Medicare and Medicaid for Nursing Home claims, with no changes to your current process.</p>
29. I submit Hospital Inpatient claims and many patients have Part B coverage only (No Part A). Will the Part B coverage during an Inpatient stay be part of the crossover?	<p>Part B only claims are excluded from the crossover process and should be submitted to Medicaid as they are today.</p>