

# Medicare Cross-Over Processing

The Department of Social and Health Services (the Department) is pleased to announce that Medicare cross-over testing completed on April 22<sup>nd</sup>. Testing entailed successful exchange of Medicare cross-over eligibility and claim files with GHI (the clearinghouse for the Medicare intermediary) and processing of Medicare cross-over claims within ProviderOne for appropriate payment. Although testing is now complete, and the Department has made every attempt to make the processing of Medicare cross-over claims seamless to providers, there is potential impact to providers during cutover to ProviderOne as follows:

## **Scenario 1: DSHS will hold Medicare cross-over claims until 6/6/10 – providers have the option to bill DSHS directly or wait for the cross-over claims to process automatically:**

- **DSHS will hold all Medicare cross-over claims until 6/6/10:** Medicare stamps cross-over claims with the known DSHS client ID at the time the claim is received by Medicare. Therefore, DSHS anticipates that cross-over claims will contain the old Personal Identification Code (PIC) for some time after May 9<sup>th</sup>. To address claims that contain the old ID, DSHS is developing special programming to re-stamp the new client ID on cross-over claims. Since claim batches received from GHI will contain both old and new client IDs, DSHS will hold *all* cross-over claims until the special programming is available on 6/6/10. *Adjudication of held cross-over claims will generally occur over 3 weeks with the first payment available on 6/14/10 and the last payment on 6/28/10. As of 6/28/10, crossover claims will be received and processed daily.*
- **Providers have the option to bill DSHS directly or wait for held cross-over claims to process automatically:** Rather than wait for DSHS to process held cross-over claims, providers may bill DSHS directly (see below for “Tips on Billing Medicaid Portion of Cross-Over Claims”). Please note that if you bill DSHS directly, ProviderOne will deny the 2<sup>nd</sup> claim from Medicare as a duplicate (or vice versa). Only the first version of the cross-over claim will process. The second version will deny as a duplicate.
- **DSHS will time stamp all held cross-over claims with the date of receipt:** DSHS recognizes that providers have timeliness requirements for Medicare cross-over claims and will date held claims to the date of receipt. Although claims will not begin processing automatically until 6/6/10, the claims will be back dated to the earlier date of receipt.

### **Tips on billing the Medicaid portion of cross-walk claims to DSHS:**

Bill DSHS in ProviderOne through direct data entry (DDE) or via a HIPAA compliant batch claim – it is not necessary to bill on paper as in the current payment system.

## **Scenario 2: Claims that don’t “cross” to Medicaid:**

- **Claims will not “cross” to DSHS during GHI’s preparation for ProviderOne:** For an interim period of time, GHI is unable to stamp a DSHS client ID on Medicare claims even though the client is eligible for Medicaid. GHI is currently preparing for ProviderOne by updating its client cross-walk to use the new ProviderOne client ID instead of the current PIC. This internal GHI process could take up to *16 business days*. GHI can only support one instance of the client cross-walk at a time. While the update to the GHI client cross-walk is occurring in production, GHI cannot stamp the client ID on Medicare cross-over claims. Without a client ID, the Medicare cross-over claims will not “cross” to DSHS.
- **Providers must bill DSHS directly for claims that do not “cross”:** While GHI updates the client cross-walk and claims do not “cross”, providers need to bill DSHS directly for the Medicaid portion of the claim. This is similar to today when claims do not “cross” to DSHS, except you can bill electronically (see above for “Tips on Billing Medicaid Portion of Cross-Over Claims”). Bill those claims that you expected to see an explanation of benefits (EOB) code indicating they had crossed to Medicaid, but that is missing on the Medicare Remittance Advice (RA).

In summary, claims that do not cross to DSHS must be billed directly in ProviderOne. Claims that do cross will be held until 6/6 for processing when the PIC code can be converted to a client ID. For claims that are held, providers have the option of billing directly or waiting for automated processing. DSHS sincerely apologizes for this inconvenience. We have made every attempt to coordinate with GHI and regret that the transition period takes so long. This is not only inconvenient to providers, but also requires a change request at additional cost to the Department.