

MEDICARE CROSSOVER CLAIM SUBMISSION

October 2017 Webinar
CHANGES EFFECTIVE 06/01/2016



DXC.technology

Disclaimer

- SoonerCare policy is subject to change.
- The information included in this presentation is current as of October 2017.

Agenda

- Medicare Crossover Process
- Why are my claims not crossing over?
- Why are my crossover claims denying?
- Eligibility Verification – Medicare, SLMB, Q1, Q2
- Crossover Changes
- Claim Submission – Electronic Data Interchange (EDI), Provider Portal or Paper
- Timely Filing
- Resources

Medicare Crossover Process

- Provider creates a crossover claim utilizing their software.
- Provider submits the claim to their billing agency, clearinghouse or Medicare directly.
- Medicare receives and adjudicates the claim, creates a Medicare Crossover file which is then sent to Oklahoma SoonerCare.
- ★ See your clearinghouse for specific requirements for your Medicare crossover claims.

Why Are My Claims Not Crossing Over?

- The Medicare NPI on your SoonerCare provider file must be identical to the NPI submitted on your Medicare claim.
- If you have one Medicare NPI linked to multiple SoonerCare provider IDs, the Medicare crossover claim will default to the first provider location in sequence.
 - Example: If you have an “A” location and a “C” location, the claim will adjudicate to the “A” location.
- Member name and/or number does not match.

Why Are My Crossover Claims Denying?

Ordering/referring provider is NOT contracted with
SoonerCare:

- Ordering, referring or other professionals providing services must have a current SoonerCare contract.
 - Provider Letter 2013-44

Ordering/referring provider listed on claim is NOT an
individual physician or other professional:

- The physician or other professional who ordered, referred, and/or provided such items must be an individual provider, not a group.
 - Provider Letter 2016-25


ELIGIBILITY VERIFICATION

SoonerCare Supplemental Eligibility

Coverage Details for Member ID from 10/02/2017 to 10/02/2017 [Back to Eligibility Verification Request](#) ?

Effective/End dates are shown only for the period of time requested.

Verification Number 172753VR91 - 10/2/2017 - Status: A

 [Expand All](#) | [Collapse All](#)

Eligibility -		
Coverage	Effective Date	End Date
Title 19	10/02/2017	10/02/2017
Non Emergency Transportation	10/02/2017	10/02/2017
Mental Health and Substance Abuse	10/02/2017	10/02/2017

Medicare -		
Coverage	Effective Date	End Date
Medicare A	10/02/2017	10/02/2017
Medicare B	10/02/2017	10/02/2017

TPL +

When you see Title 19 and Medicare A, Medicare B, the member has limited SoonerCare coverage.


Limited Medicare Programs

- Specified Low-Income Medicare Beneficiary (SLMB)
- Qualifying Individual, Group 1 (Q1) and Qualifying Individual, Group 2 (Q2)
 - Provides assistance for Medicare Part B premiums only

Limited Medicare Programs

Coverage Details for Member ID

from 10/02/2017 to 10/02/2017

[Back to Eligibility Verification Request](#) 

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Eligibility

Coverage	Effective Date	End Date
Title 19	10/02/2017	10/02/2017
Non Emergency Transportation	10/02/2017	10/02/2017
Mental Health and Substance Abuse	10/02/2017	10/02/2017

Medicare

Coverage	Effective Date	End Date
Q1 or Q2	10/02/2017	10/02/2017
SLMB	10/02/2017	10/02/2017

TPL

If you see one of those without Title 19, the member has **NO** SoonerCare benefits.

CROSSOVER CHANGES

We No Longer Accept Paper Crossovers

Date Posted	Title	Message
12/7/2016	New Electronic Submission Requirements for Medicare Crossover Claims	<p>Title: New Electronic Submission Requirements for Medicare Crossover Claims</p> <p>Run Date: 12/05/2016 - 01/20/2017</p> <p>Provider Type: All</p> <p>Effective February 1, 2017, the Oklahoma Health Care Authority (OHCA) will require all Medicare crossover claims to be submitted electronically and in accordance with 42 CFR 424.32.</p> <p>If you are experiencing any issues with your claims crossing over to OHCA electronically, verify that your provider numbers and any Medicare numbers are correct on our files to ensure your claims will process correctly.</p> <p>If you need assistance with submitting your Medicare crossover claims electronically, please call the SoonerCare Helpline at (800) 522-0114.</p> <p>Thank you.</p>

Crossover Claim Submission Options

Additional options for automatic crossover failure or denials:

- Electronic Data Interchange (EDI)
- Submit on SoonerCare Provider Portal

EDI CROSSOVER BATCH SUBMISSION

Crossover EDI Submission

- Trading Partner (Clearinghouse/Billing Agent) uploads the EDI batch to SoonerCare through the Provider Portal.
- It takes approximately 3-4 hours (longer on Tuesday and Wednesday due to close of weekly financial cycle) for the batch to go through compliance review.
- A 999 report is returned to the Trading Partner (Clearinghouse/Billing Agent) to confirm if the file passed compliance.
- If the batch passes compliance, the provider can log in to the Provider Portal and locate the claim.
- If the provider is unable to locate the claim, please contact the EDI Help Desk with the Member ID, date of service and amount of the claim. Please have the transaction ID ready.

PROVIDER PORTAL CROSSOVER SUBMISSION

Crossover Professional

Submit Professional Claim: Step 1



* Indicates a required field.

Claim Type **Crossover Professional**

Provider Information

This panel contains provider information.

Billing Provider ID	ID Type NPI	Name
Zip Code	Taxonomy	SC Provider Number
Referring Provider ID <input type="text"/>	ID Type <input type="text"/>	
Ordering Provider ID <input type="text"/>	ID Type <input type="text"/>	Ordering Zip Code <input type="text"/>

Patient Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID

Last Name **First Name** **Middle**
Birth Date

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

Date Type <input type="text"/>	Date of Current <input type="text"/>
Accident Related <input type="text"/>	
Patient Account Number <input type="text"/>	Expected Delivery Date <input type="text"/>
* From Date <input type="text"/>	* To Date <input type="text"/>
CLIA Number <input type="text"/>	<input type="text"/>
* Other Insurance <input type="text"/>	

Total Charged Amount \$0.00

Continue

Cancel

Crossover Professional

Service Details -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1							

1 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

Charge Amount *Units Unit Type Unit EPSDT

CLIA Number

Rendering Provider ID ID Type Zip Code Contract Code

Taxonomy

Ordering Provider ID ID Type Zip Code

NDC for Item 1 +

Medicare Crossover Details for Item 1 -

Medicare Crossover Details must be entered in this step if the From Date is on or after 01/01/2016.

Allowed Medicare Amount	<input type="text" value="\$0.00"/>	Co-insurance Amount	<input type="text" value="\$0.00"/>
Deductible Amount	<input type="text" value="\$0.00"/>	Psychiatric Services Amount	<input type="text" value="\$0.00"/>
Medicare Payment Amount	<input type="text" value="\$0.00"/>	Medicare Payment Date	<input type="text"/> <input type="button" value="Calendar"/>

Key the crossover information for this line of service only

Crossover Inpatient (Part A)

Part A claims process at the header level

Submit Institutional Claim: Step 1 ?

* Indicates a required field.

Claim Type

Provider Information

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID	Contract Code	ID Type	Name
Zip Code		Taxonomy	SC Provider Number
Institutional Provider ID		ID Type NPI	
Attending Provider ID <input type="text"/>		ID Type <input type="text" value=""/>	
Operating Provider ID <input type="text"/>		ID Type <input type="text" value=""/>	
Referring Provider ID <input type="text"/>		ID Type <input type="text" value=""/>	

Patient Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID

Last Name	First Name	Middle
Birth Date		

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

*Covered Dates <input type="text"/> - <input type="text"/>	Covered Days <input type="text"/>
*Admission Date/Hour <input type="text"/> (hh:mm)	Discharge Hour <input type="text"/> (hh:mm)
*Admission Type <input type="text"/>	*Admission Source <input type="text"/>
*Admitting ICD Version <input type="text" value="ICD-10-CM"/>	*Admitting Diagnosis <input type="text"/>
Patient Status <input type="text"/>	*Type of Bill <input type="text"/>
Patient Account Number <input type="text"/>	Other Insurance <input type="text" value="None"/>

Total Charged Amount \$0.00

Medicare Crossover Details

Institutional Medicare Crossover Instructions

Deductible Amount <input type="text" value="\$0.00"/>	Co-insurance Amount <input type="text" value="\$0.00"/>
Blood Deductible Amount <input type="text" value="\$0.00"/>	*Medicare Payment Date <input type="text"/>

Crossover Outpatient (Part B)

Part B claims will process at the detail level

Submit Institutional Claim: Step 1

* Indicates a required field.

Claim Type

Provider Information

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID	Contract Code	Taxonomy	ID Type	NPI	Name	SC Provider Number
Zip Code						
Institutional Provider ID			ID Type	NPI		
Attending Provider ID			ID Type			
Operating Provider ID			ID Type			
Referring Provider ID			ID Type			

Patient Information

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

*Member ID

Last Name	First Name	Middle
Birth Date		

Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

*Covered Dates	Covered Days
Admission Date/Hour	Discharge Hour
Admission Type	Admission Source
Admitting ICD Version	Admitting Diagnosis
Patient Status	*Type of Bill
Patient Account Number	Other Insurance

Total Charged Amount \$0.00

Crossover Outpatient (Part B)

Service Details -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1							

1 *Revenue Code HCPCS/Proc Code

Modifiers

*From Date *To Date *Units *Unit Type

Charge Amount

NDC for Item 1 +

Medicare Crossover Details for Item 1 -

Medicare Crossover Details must be entered in this step if the Covered From Date is on or after 01/01/2016.

Deductible Amount	<input type="text" value="\$0.00"/>	Co-insurance Amount	<input type="text" value="\$0.00"/>
Blood Deductible Amount	<input type="text" value="\$0.00"/>	Medicare Payment Date	<input type="text"/> <input type="calendar"/>
Medicare Payment Amount	<input type="text" value="\$0.00"/>		

Key the crossover information for this line of service only

Timely Filing (Crossover Only)

Medicare to SoonerCare:

- Claims for coinsurance and/or deductible must meet the Medicare timely filing requirements.
- The fiscal agent (DXC) must receive the SoonerCare claim related to the Medicare service within 12 months of the date of service or within 90 days of the Medicare disposition (if over 12 months).

Resources

- Internet Help Desk
 - 800-522-0114 or 405-522-6205;
Option 2, 1
- EDI Help Desk
 - 800-522-0114 or 405-522-6205;
Option 2, 2
- Quick Reference Guide

Questions?

The presentation covered in this webinar is available online at www.okhca.org:

- In the Providers section, select Training.
- On the right side of the following page, under the Resources heading, select the link for Medicare Crossover Claims from the Webinar Training Materials section.