

SECTION 4 MEDICARE CROSSOVER CLAIMS

Medicare/MO HealthNet (crossover) claims that do not automatically cross from Medicare to MO HealthNet must be filed through the MO HealthNet billing Web site, www.emomed.com or through the 837 electronic claims transaction. It is advised providers wait sixty (60) days from the date of Medicare's explanation of benefits (EOMB) showing payment before filing an electronic claim. This will avoid possible duplicate payments from MO HealthNet.

Claims may not cross over from Medicare to MO HealthNet for various reasons. Two of the most common reasons are as follows:

- Invalid participant information on file causes many claims to not cross over electronically from Medicare. Participants not going by the same name with Medicare as they do with MO HealthNet will not cross over electronically. Additionally, the participant's Medicare Health Insurance Claim number (HIC) in the MO HealthNet eligibility file must match the HIC number used by the provider to submit to Medicare. It is the responsibility of the participant to keep this information updated with their Family Support Division Eligibility Specialist.
- MO HealthNet enrolled providers who have not provided their National Provider Identifier (NPI) used to bill Medicare to the Missouri Medicaid Audit Compliance (MMAC), Provider Enrollment Section, also causes claims to not cross over electronically from Medicare. Providers in doubt as to what NPI is on file should contact Provider Enrollment by e-mail at mmac.providerenrollment@dss.mo.gov. Providers who have not submitted their Medicare NPI may fax a copy of their Medicare approval letter showing their NPI, provider name and address to Provider Enrollment at 573-526-2054.

Following are tips to assist you in successfully filing crossover claims on the MO HealthNet billing Web site at www.emomed.com:

- From Claim Management choose the Medicare CMS-1500 Part B Professional format under the 'New Xover Claim' column.
- Providers must submit claims to MO HealthNet with the same NPI they used to bill Medicare.
- There is a 'Help' feature available by clicking on the question mark in the upper right hand corner of the screen.
- Select MB-Medicare as the 'Filing Indicator' from the drop down box.
- On the Header Summary screen, the 'Other Payer ID' is a unique identifier on the other payer remittance advice. If not provided, it is suggested using a simple, easy to remember ID. This field may contain numeric and/or alpha-numeric data up to 20 characters.
- All fields with an asterisk are required and should be completed with the same information submitted to Medicare. Data entered should be taken directly from your Medicare EOB with the exception of the participant's name and HIC; these should be stated as they appear in the MO HealthNet eligibility file.

- The Other Payer Detail Summary must contain the same number of line items as detail lines that were entered. Do not check the 'Payer at Header Level' box on the Header Summary for Medicare crossover claims.

MEDICARE ADVANTAGE/PART C CROSSOVER CLAIMS FOR QMB OR QMB PLUS PARTICIPANTS

Medicare Advantage/Part C plans do not forward electronic crossover claims to MO HealthNet, therefore providers must submit these claims through the MO HealthNet billing Web site, www.emomed.com. The following tips will assist you in successfully filing your Medicare Advantage/Part C crossover claims:

- From Claim Management choose the CMS-1500 Part C Professional format under the 'New Xover Claim' column.
- Select 16-Medicare Part C Professional as the 'Filing Indicator' from the drop down box on the Header Summary screen.
- Always verify eligibility either through the 'Participant Eligibility' link on www.emomed.com or access the Interactive Voice Response (IVR) at 573-751-2896 to see if the participant is a Qualified Medicare Beneficiary (QMB) on the date of service. Eligibility needs to be checked for each date of service. The Part C format can only be used if the participant is QMB eligible on the date of service.

Providers are not to submit crossover claims for participants enrolled in a Medicare Advantage/Part C plan who are non-QMB. These services are to be filed as Medical claims.

Under no circumstances may providers submit crossover claims, Medicare Part B and Medicare Advantage/Part C QMB to Wipro Infocrossing Healthcare Services as paper claims.