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## MEMORANDUM

**TO:** RHCF and Community Services Members

**FROM:** Patrick Cucinelli, Senior Financial Policy Analyst

**DATE:** October 28, 2009

**SUBJECT:** Medicare Crossover Claims

**ROUTE TO:** Administrator, CFO, Billing Director

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ABSTRACT: DOH issues additional guidance on Medicare Crossover claims.

### Introduction

[NYAHS Doc ID # n00003874](#) advised members of the December 3, 2009 transition to the Medicare claims crossover process. As of this date, New York State Medicaid will begin receiving Medicare crossover claims directly from Medicare's Coordination of Benefits Contractor (COBC), Group Health Inc. (GHI). Regardless of which fiscal intermediary providers submit their Medicare claims to, GHI, in its role as the COBC, will send the crossover claims to Medicaid for all of New York state.

Please note that since Medicare home health beneficiaries do not have co-pays or deductibles under Parts A and B, this new policy should not impact Certified Home Health Agencies or Long-Term Home Health Care Programs.

### Additional Details

The attached article from the Department of Health (DOH) was sent to NYAHS with the following message:

*Attached is an article that provides an overview and billing guidelines for the Medicare Crossover process NY Medicaid will be implementing on December 3, 2009. The article appears in the [October 2009 Medicaid Update](#) and supplements previously published*

articles on Medicare Crossover. Additional information is also available at [www.emedny.org](http://www.emedny.org), including a Frequently Asked Questions Section that is updated regularly.

*Implementation of the Medicare Crossover process should be a real financial and administrative boost for our Medicaid providers. In a nut shell, providers servicing dual eligibles (clients with both Medicare and Medicaid eligibility) currently bill Medicare first, wait for their Medicare remittance and then bill Medicaid for any deductible, coinsurance or co-payments. Under the crossover process Medicare will automatically pass paid claims for dual eligibles directly to Medicaid, providers will no longer need to submit a claim to Medicaid for coinsurance, deductibles, and copayments. Read the article for a comprehensive overview.*

NYAHSA's October [Fiscal Digest](#) advised members that we are anticipating that DOH will conduct a provider association informational call on this issue. We will keep members informed of any further developments.

Members using billing services should double check with their vendor to make sure that they are aware of the upcoming transition. Billing software may also need to be adjusted in cases where the Medicaid coinsurance payment is being automatically generated along with the primary Medicare claim.

One area of concern we are now discussing with DOH is the potential for a negative cash flow impact related to the processing of nursing home Medicare Part A co-insurance claims. For most facilities, the Medicaid billing cycle is more frequent than Medicare. Therefore, having to wait for the Medicare claim to process first could now slow down the payment of co-insurance days. It is also unclear as to how much additional processing time will be incurred as the co-insurance claim now has to be handled by three different agencies: National Government Services, GHI, and eMedNY. Aside from this specific issue, we are also concerned with the potential problems that may arise whenever a new system of this type is implemented. Please share with us any general concerns or specific problems encountered once the system is in operation, so that we may seek to address these issues with DOH.

Please contact me at [pcucinelli@nyahsa.org](mailto:pcucinelli@nyahsa.org) or call 518-449-2707 ext. 145.

Attachment

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