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MEMORANDUM

TO: RHCF and Community Services Members

FROM: Patrick Cucinelli, Senior Financial Policy Analyst

DATE: September 29, 2009

SUBJECT: Medicare Crossover Claims

ROUTE TO: Administrator, CFO, Billing Director

ABSTRACT: Medicaid to implement automated Medicare crossover on December 3, 2009.

New York state Medicaid will begin receiving Medicare crossover claims directly from Medicare's Coordination of Benefits Contractor (COBC) on December 3, 2009. The COBC is 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.

Providers will bill their claims for dual eligible Medicare/Medicaid beneficiaries, as usual, to Medicare. Medicare will pay its portion to the provider and the provider's Medicare remittance will indicate that the claim will be crossed over to Medicaid. Medicare will then send the claim data to GHI who will submit the data to NY Medicaid for processing and payment of the deductible/coinsurance or co-pay amounts (also known as the Medicare Patient Responsibility). In the case where the Medicare remittance advice does not indicate the claim has been crossed over to Medicaid, the provider should submit the claim directly to Medicaid.

For more details please refer to the new Notices on the eMedNY Web site at: www.emedny.org or contact me at pcucinelli@nyahsa.org or call 518-449-2707 ext. 145.