

October 30, 2006

Montana Medicaid Notice

Inpatient and Outpatient Hospitals

COBA Update

Montana Medicaid started receiving and processing Medicare Part A and B crossovers electronically through the Coordination of Benefits Contractor, GHI, last month. Since that time, several processing issues have been identified:

- **Provider ID.** When electronic crossover claims are processed, the claims processing system (MMIS) first looks for a Medicaid provider ID on the transaction. If the Medicaid provider number is present, that number is used to process the claim. If only a Medicare ID is present on the transaction, that number is verified against the MMIS cross-reference file to determine if the Medicare ID is cross-referenced to a Medicaid ID. If the cross reference is present, that number is used. If not, the provider will receive a letter advising them the cross-reference is not valid. The best option to assure accurate processing is for providers to submit Medicare crossovers with the appropriate Medicaid provider number on the transaction. Providers must send ACS information to allow the Medicare number and Medicaid number to be cross referenced to facilitate claims processing. Providers will need to resubmit any claims denied due to wrong provider numbers.
- **Third party liability.** Currently we are receiving crossover claims with other insurance policy information, but no payment or denial information. Consequently, a number of claims have been denied because no TPL payment was present on the transaction received by Montana Medicaid. ACS is currently researching why no insurance payment information is crossing over. As a temporary solution, Medicaid is paying these claims and ACS TPL will be contacting the providers to verify payment information to allow overpayments to be recovered.
- **Mental health reimbursement.** Some mental health crossover claims are not being processed with the appropriate lower-of pricing formula. This is an internal ACS issue where some patient responsibility psychiatric reduction (PR 122) CAS segments are not being processed. ACS is correcting this issue so future claims will be paid appropriately. Providers will need to submit adjustments for claims paid inappropriately or contact Provider Relations to request an adjustment.
- **Client eligibility.** Currently we receive Medicare crossovers claims for any client who has been eligible for Medicaid within the last three years. As a result, you may be seeing many denied claims for no eligibility for the date of service.
- **Coinsurance and deductible on institutional claims.** In some cases for multiple line claims with coinsurance and deductible sent at the line level, Montana Medicaid was calculating the coinsurance and deductible for a portion of the lines. These claims were not paid the full coinsurance or deductible amounts. The MMIS has been updated to correct

this error. If you encounter this situation, please submit adjustments for these claims to correct the coinsurance and/or deductible amounts or contact Provider Relations to request an adjustment.

- **Anesthesia units.** Part B crossovers submitted by Medicare with anesthesia units instead of minutes are sometimes being underpaid. The MMIS will be updated to accommodate for either minutes or units on anesthesia claims. Providers will be notified once the update occurs.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>