

# Crossover Claims

# Agenda

- Objectives
- Terminology
- General Billing Information
- Web Portal Billing Information
- Interactive Voice Response System (IVRS)
- Session Review
- Closing, Questions and Answers

# Objectives

The information presented will enable providers to:

- Identify general billing information.
- Review and resolve common crossover concerns relating to claim denial.
- Identify and perform functions using the Web Portal.

# Terminology

- Crossover: A claim billed to Georgia Medicaid for the Medicare deductible and/or coinsurance is called a crossover claim.
- Coinsurance: The remaining balance of the Medicare Allowed Amount after the Medicare payment
- Co-payments: The amount required by Medicare Parts C or D when services are rendered or drugs are purchased. Medicaid will pay eligible cost share amounts up to the Medicaid maximum allowable amount for the service. Policies and Procedures for Medicaid PeachCare for Kids® Part 1 Manual Division state that payments for Medicare coinsurance and deductible obligations are limited to the Medicaid maximum allowable payment.
- Deductible: The dollar amount Medicare members must pay for Part A or Part B services prior to receiving Medicare benefits.

# Scope of Coverage for Medicare

- Medicare divides its services into specific classifications: Part A, Part B, Part C, and Part D. Members may be covered for Part A only, Part B only or both.
- Medicare Part A - Covers inpatient hospital services
- Medicare Part B - Covers professional, outpatient hospital, and vendor services.
- Medicare Part C - A managed care version of Medicare, also called a Medicare Advantage Plan, offered through private insurance companies. These claims do not crossover from Medicare to Medicaid.
- Medicare Part D - Covers prescription drugs.

# General Billing Information

- Crossover claims must be received by the Department of Community Health within 12 months of the month of service.
- Medicaid providers must accept Medicare assignment to submit claims to Medicaid for consideration of payment.
- If Medicare denies the claim, providers have 90 days from the Medicare denial date to submit the Medicaid Primary claim with a copy of the Medicare EOB showing the denial attached. Since GA Medicaid is Primary, all Medicaid billing requirements must be followed.

# General Billing Information

*(continued)*

- Medicare crossover claims with a negative Medicare paid amount will not be reimbursed by GA Medicaid.
- Submit the crossover claim to GA Medicaid in the same manner it was billed to Medicare. Do not change anything (i.e. codes, modifiers) from the Medicare claim.

# Web Portal Billing Information

# Professional Billing Information

- Enter the required information and as much optional information as possible [all items denoted with an asterisk (\*) are required fields].

<u>Adjudication Information</u>		<u>Claim Status</u>	
ICN/TCN	<input type="text" value="DWIA520 Inquiry"/>	Claim Status	
RA Date		Total Paid Amount	\$0.00
<u>Billing Information</u>		<b>Release of Information*</b>	<input type="text"/>
Rendering Provider ID	<input type="text"/>	Related Causes Code 1	<input type="text"/>
Rendering Taxonomy	<input type="text"/>	Related Causes Code 2	<input type="text"/>
Member ID*	<input type="text"/>	Accident State	<input type="text"/>
Last Name*	<input type="text"/>	Accident Date	<input type="text"/>
First Name, MI*	<input type="text"/>	Admit Date	<input type="text"/>
Date of Birth*	<input type="text"/>	Discharge Date	<input type="text"/>
Gender*	<input type="text"/>	Date of Death	<input type="text"/>
Patient Account #	<input type="text"/>	Patient Responsibility	\$0.00
Medical Record #	<input type="text"/>	PA/Precert Number	<input type="text"/>
Service Facility ID	<input type="text"/>	Referral Number	<input type="text"/>
EPSDT Referral Indicator	<input type="text"/>	Referring Provider ID	<input type="text"/>
EPSDT Referral Code 1	<input type="text"/>	Referring Provider Name (Last, First, MI)	<input type="text"/>
EPSDT Referral Code 2	<input type="text"/>	Primary Care Provider ID	<input type="text"/>
EPSDT Referral Code 3	<input type="text"/>	Primary Care Provider Name (Last, First, MI)	<input type="text"/>
ICD Version*	ICD-10	<u>Amount Totals</u>	
		Total Charges	\$0.00

# Professional Billing Information

*(continued)*

Additional panels listed below will need to be completed prior to submitting claims:

- Diagnosis
- Other Payer Claims Data
- Detail
- Other Payer Information
- Other Payer Adjustment Information

# Diagnosis

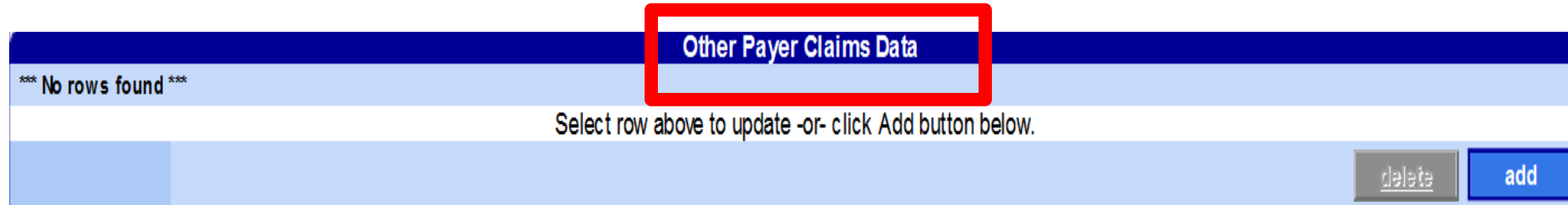
Allows entry of up to 10 diagnoses

1. Click **add** to activate the diagnosis section for each additional diagnosis to be entered.
2. Enter the sequence (diagnosis code pointer) number.
3. Enter the diagnosis [to find a diagnosis code, use the (Search) feature].

The screenshot shows a web interface for entering diagnosis information. At the top is a blue header with the title "Diagnosis". Below the header is a table with columns: "Seq Code", "Diagnosis", "ICD Version", and "Description". The "Seq Code" column has a dropdown menu currently showing "1". The "Diagnosis" column has a text input field. To the right of the input field is a "[ Search ]" button. At the bottom right of the form are two buttons: "delete" and "add". Three red arrows with white numbers point to these elements: arrow "1" points to the "add" button, arrow "2" points to the "Seq Code" dropdown, and arrow "3" points to the "Diagnosis" text input field. The text "Type data below for new record." is centered above the input fields.

# Other Payer Claims Data

## Section A



Other Payer Claims Data

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button below.

delete add

Click **add** to indicate this is a crossover/ secondary claim and enter all information required.

# Other Payer Claims Data

## Section B

The screenshot shows a web form titled "Other Payer Claims Data" with a dark blue header. The form is divided into two columns of fields. The left column includes: Claim Filing (dropdown), Relationship (dropdown), Other Insured Identifier\* (text), Last Name\* (text), First Name, MI\* (text with a small input for MI), Payer Resp (dropdown), and Authorization Number (text). The right column includes: Payer Identifier\* (text), Insurance Company Name\* (text), Group Name (text), Group or Policy # (text), Paid Date (text with a calendar icon), and Paid Amount (text). Red arrows point to the asterisked fields: Other Insured Identifier\*, Last Name\*, First Name, MI\*, Payer Identifier\*, Insurance Company Name\*, and Paid Date. At the bottom right, there are "delete" and "add" buttons. A blue bar at the top of the form area contains the text "Type data below for new record."

- All areas indicated with an asterisk (\*) are required fields.
- Other Insured Identifier is the member identification number for the other insurer.

# Other Payer Claims Data

## Section B (continued)

**Other Payer Claims Data**

**Claim Filing**  
Relationship  
Other Insured Identifier  
Last Name  
First Name, MI Name  
Payer Resp  
Authorization Number

**Other Payer Claims Data**  
Payer Identifier  
Insurance Co Name  
Group Name  
Group or Policy #  
Insurance Type Code  
Paid Date  
Paid Amount

Type data below for new record.

Claim Filing  
Relationship  
Other Insured Identifier\*  
Last Name\*  
First Name, MI\*  
Payer Resp  
Authorization Number

11 - OTHER NON-FEDERAL PROGRAMS  
12 - PREFERRED PROV ORGANIZATION (PPO)  
13 - POINT OF SERVICE (POS)  
14 - EXCLUSIVE PROV ORGANIZATION (EPO)  
15 - INDEMNITY INSURANCE  
16 - HMO MEDICARE RISK  
17 - DENTAL MAINTENANCE ORGANIZATION

AM - AUTOMOBILE MEDICAL  
BL - BLUE CROSS/BLUE SHIELD  
CH - CHAMPUS  
CI - COMMERCIAL INSURANCE  
DS - DISABILITY

FI - FEDERAL EMPLOYEE PROGRAM  
HM - HEALTH MAINTENANCE ORGANIZATION  
LM - LIABILITY MEDICAL  
MA - MEDICARE PART A  
MB - MEDICARE PART B  
MC - MEDICAID  
OF - OTHER FEDERAL PROGRAM  
TV - TITLE V  
VA - VETERAN ADMINISTRATION PLAN  
WC - WORKERS' COMPENSATION  
ZZ - MUTUALLY DEFINED

Payer Identifier\*  
Insurance Company Name\*  
Group Name  
Group or Policy Number  
Insurance Type Code  
Paid Date  
Paid Amount

delete add

The data below is for the row selected above.

Reason Code  
Adjustment Quantity

delete add

**Other Payer Adjustment Information Summary**

Payer ID	Insurance Company Name	Adjustment Quantity

- Claim Filing indicates how the other payer information is related (e.g., Medicare, Commercial, Blue Cross Blue Shield).
- **Medicare Part B also includes the Advantage Plans.**

# Other Payer Adjustment Information

## Section C

-Other Payer Adjustment Information- The data below is for the row selected above.

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button below.

Claim Adjustment Group Code	<input type="text"/>	Adjustment Reason Code	<input type="text"/>	<input type="button" value="[ Search ]"/>
Adjustment Amount	<input type="text"/>	Adjustment Quantity	<input type="text"/>	

**Other Payer Adjustment Information Summary**

Insurance Payer ID	Company Name	Claim Adjustment Group Code	Adjustment Reason Code	Adjustment Amount	Adjustment Quantity
				\$0.00	0.00

Detail

**\*\* Bypass this Other Payer Adjustment Information panel.**

# Detail Panel

The screenshot displays a software interface with a dark blue header bar containing the word "Detail" in white text, which is highlighted by a red rectangular box. Below the header, a light blue bar contains the text "\*\*\* No rows found \*\*\*" on the left and "Select row above to update -or- click Add button below." in the center. At the bottom of the interface, there are three buttons: "delete" (grey), "add" (blue), and "COPY" (grey). A red arrow points upwards from the bottom of the page towards the "add" button.

# Professional Claim Detail Panel

The screenshot displays a web-based form for entering professional claim details. It is organized into several sections:

- Item Information:** Includes fields for 'Item' (value: 1), 'From DOS\*' (01/01/2015), 'To DOS' (01/01/2015), 'POS\*' (00), and 'Procedure\*' (99215). There are search buttons for POS and Procedure.
- Procedure Description:** Contains fields for 'Modifier 1' through 'Modifier 4', each with a search button. It also includes 'Diagnosis Pointer\*' (1), 'Units\*' (1.00), and 'Charges\*' (\$1,500.00).
- Provider Information:** Fields for 'Rendering Provider ID', 'Referring Provider ID', 'Referring Provider Name (Last, First, MI)', 'Primary Care Provider ID', and 'Primary Care Provider Name (Last, First, MI)'. The name fields are split into last, first, and middle name boxes.
- Emergency/Plan Information:** Includes 'Emergency' (dropdown), 'EPSDT/Fam Plan' (dropdown), 'PA/Precert Number', 'Mammogram Certification Number', and 'DME Serial Number'.
- Ordering Provider Information:** Fields for 'Ordering Provider ID' and 'Ordering Provider Name (Last, First, MI)'. The name field is split into last, first, and middle name boxes.
- Drug Rebate Information:** Fields for 'NDC' (with search button), 'Drug Name', 'Drug Unit Count', and 'Drug Unit of Measure' (dropdown).
- Adjudication Information:** A table showing 'Status', 'Allowed Amount' (\$0.00), 'CoPay Amount' (\$0.00), and 'Paid Amount' (\$0.00).
- Actions:** Three buttons at the bottom right: 'delete', 'add', and 'copy'.

1. Click **add** to add up to 50 lines.
2. Click **copy** to duplicate information.
3. Click **delete** to delete details entered.



# Detail Panel 1, 2, 3

Detail				
A	Item	3	Emergency	
	From DOS		EPSDT/Fam Plan	
	To DOS		PA/Precert Number	
	POS		Mammogram Certification Number	
	Procedure		DME Serial Number	
	Procedure Description		Ordering Provider ID	
	Modifiers	...	Ordering Provider Name	
	Diagnosis Pointers		NDC	
	Units	0.00	Drug Name	
	Charges	\$0.00	Drug Unit Count	
	Rendering Provider ID		Drug Unit of Measure	
	Referring Provider ID		Status	
	Referring Provider Name		Allowed Amount	\$0.00
	Primary Care Provider ID		CoPay Amount	\$0.00
	Primary Care Provider Name		Paid Amount	\$0.00
A	Item	2	Emergency	
	From DOS		EPSDT/Fam Plan	
	To DOS		PA/Precert Number	
	POS		Mammogram Certification Number	
	Procedure		DME Serial Number	
	Procedure Description		Ordering Provider ID	
	Modifiers	...	Ordering Provider Name	
	Diagnosis Pointers		NDC	
	Units	0.00	Drug Name	
	Charges	\$0.00	Drug Unit Count	
	Rendering Provider ID		Drug Unit of Measure	
	Referring Provider ID		Status	
	Referring Provider Name		Allowed Amount	\$0.00
	Primary Care Provider ID		CoPay Amount	\$0.00
	Primary Care Provider Name		Paid Amount	\$0.00
A	Item	1	Emergency	
	From DOS		EPSDT/Fam Plan	
	To DOS		PA/Precert Number	
	POS		Mammogram Certification Number	
	Procedure		DME Serial Number	
	Procedure Description		Ordering Provider ID	
	Modifiers	...	Ordering Provider Name	
	Diagnosis Pointers		NDC	
	Units	0.00	Drug Name	
	Charges	\$0.00	Drug Unit Count	
	Rendering Provider ID		Drug Unit of Measure	
	Referring Provider ID		Status	
	Referring Provider Name		Allowed Amount	\$0.00
	Primary Care Provider ID		CoPay Amount	\$0.00
	Primary Care Provider Name		Paid Amount	\$0.00

# Detail Other Payer Information

## Section C

-Detail Other Payer Information- The data below is for the row selected above.

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button below.

delete add

--Detail Other Payer Adjustment Information- The data below is for the Detail Other Payer row selected above.

\*\*\* No rows found \*\*\*

Enter information on the Other Payer Information panel. This panel allows you to tell us:

- Paid date for each active line.
- What has been paid.
- What is due to be paid.
- Any adjustments indicated from the primary carrier.

# Detail Other Payer Information

## Section C

(continued)

Detail Other Payer Information- The data below is for the row selected above.

Detail Item	Payer ID	Paid Amount	Paid Date
A 1		\$0.00	

Type data below for new record.

Detail Item	1	Payer ID*	<input type="text"/>
Paid Amount	<input type="text" value="\$0.00"/>	Paid Date	<input type="text"/>

delete ad

All fields must be completed with the payment information from the primary payer:

- Paid Amount - the amount paid for the specific detail line from the primary payer.
- Paid Date - EOMB payment date for this claim.
- Payer ID - the primary payer ID (found at [www.mmis.georgia.gov](http://www.mmis.georgia.gov) Provider Information, Reports, and Carrier master list).

\*Please make sure that the information entered for the primary carrier is for the specific detail line you entered – i.e. enter payment for Detail Item 1 under Detail Item 1 of Detail Other Payer Information section.

# Detail Other Payer Adjustment Information

## -Detail Other Payer Adjustment Information-

The data below is for the Detail Other Payer row selected above.

Detail Item	Claim Adjustment Group Code	Adjustment Reason Code	Adjustment Amount	Adjustment Quantity
A 1	Patient Responsibility	1	\$0.00	0.00
A 1	Patient Responsibility	2	\$0.00	0.00

Select row above to update -or- click Add button below.

Detail Item		Adjustment Reason Code	<input type="text"/>	[ Search ]
Claim Adjustment Group Code	<input type="text"/>	Adjustment Amount	<input type="text"/>	<input type="text"/>
Adjustment Quantity	<input type="text"/>			
				<input type="button" value="delete"/> <input type="button" value="add"/>

This panel allows the provider to indicate what payment is expected from Medicaid.

- Claim Adjustment Group: Patient Responsibility, Contractual Obligation
- Adjustment Reason Code:
  - Co-Insurance is indicated by a number 2.
  - Deductible is indicated by a number 1.

# Detail Other Payer Adjustment Information

(continued)

## -Detail Other Payer Adjustment Information-

The data below is for the Detail Other Payer row selected above.

Detail Item	Claim Adjustment Group Code	Adjustment Reason Code	Adjustment Amount	Adjustment Quantity
A 1	Patient Responsibility	1	\$0.00	0.00
A 1	Patient Responsibility	2	\$0.00	0.00

Type data below for new record.

Detail Item	1		
Claim Adjustment Group Code*	<input type="text" value="PR - Patient Responsibility"/>	Adjustment Reason Code*	<input type="text" value="1"/> <a href="#">[Search]</a>
Adjustment Amount	<input type="text" value="\$0.00"/>	Adjustment Quantity	<input type="text" value="0"/>
			<input type="button" value="delete"/> <input type="button" value="add"/>

This area allows you to tell us what payment is being requested and for what reason.

- Adjustment Reason codes (1) deductible and (2) co-insurance are automatically populated.

# Detail Other Payer Adjustment Information

(continued)

--Detail Other Payer Adjustment Information-- The data below is for the Detail Other Payer row selected above.

Detail Item	Claim Adjustment Group Code	Adjustment Reason Code	Adjustment Amount	Adjustment Quantity
A 1	Patient Responsibility		\$0.00	0.00
A 1	Patient Responsibility		\$0.00	0.00

Type data below for new record.

**Detail Item**

**Claim Adjustment Group Code\*** PR - Patient Responsibility

**Adjustment Reason Code\*** 1 [ Search ]

**Adjustment Amount** \$0.00

**Adjustment Quantity** 0.00

delete

**Claim Adjustment Group Code\*** PR - Patient Responsibility

**Adjustment Reason Code** [ Close ]

**Search** ? ^

**Adjustment Reason Code** 2

**Description**

search clear

Detail Item	Payer ID	Paid Amount	Paid Date
1	12345	\$30.00	04/02/2015

Detail Item	Payer ID	Claim Adjustment Group Code	Adjustment Reason Code	Adjustment Amount
1	12345	Patient Responsibility	2	\$0.00
1	12345	Patient Responsibility	1	\$0.00

**Search Results (more than 30 available)**

Adjustment Reason Code	Description
2	Coinsurance Amount
20	Claim denied because this injury/illness is covered by the liability c
200	Expenses incurred during lapse in coverage
201	Workers Compensation case settled. Patient is responsible for amount o

- Claim Adjustment Group Code: Drop down arrow give the option to select the reason for adjustment.
- Adjustment Reason Code: Offers a search option for code description.

# Additional Detail Other Payer Adjustment Information

		Detail	
A	Item	2	Emergency
	From DOS	01/02/2015	EPSDT/Fam Plan
	To DOS		PA/Precert Number
	POS	11	Mammogram Certification Number
	Procedure	99480	DME Serial Number
	Procedure Description	INIT NB EM PER DAY HOSP	Ordering Provider ID
	Modifiers	...	Ordering Provider Name
	Diagnosis Pointers		NDC
	Units	2.00	Drug Name
	Charges	\$500.00	Drug Unit Count
	Rendering Provider ID		Drug Unit of Measure
	Referring Provider ID		Status
	Referring Provider Name		Allowed Amount
	Primary Care Provider ID		CoPay Amount
	Primary Care Provider Name		Paid Amount
			0
			\$0.00
			\$0.00
A	Item	1	Emergency
	From DOS	01/02/2015	EPSDT/Fam Plan
	To DOS		PA/Precert Number
	POS	11	Mammogram Certification Number
	Procedure	99213	DME Serial Number
	Procedure Description	OFFICE/OUTPATIENT VISIT EST	Ordering Provider ID
	Modifiers	...	Ordering Provider Name
	Diagnosis Pointers		NDC
	Units	1.00	Drug Name
	Charges	\$150.00	Drug Unit Count
	Rendering Provider ID		Drug Unit of Measure
	Referring Provider ID		Status
	Referring Provider Name		Allowed Amount
	Primary Care Provider ID		CoPay Amount
	Primary Care Provider Name		Paid Amount
			0
			\$0.00
			\$0.00

Other Payer Information- The data below is for the row selected above.

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button below.

delete add

To enter adjustment for additional detail lines:

- Select/Highlight the detail line from the Detail panel.
- Return to Detail Other Payer Information Panel.
- Select **add** to activate the panel for next detail line.

# Detail Summary Information

## Section D

Detail Other Payer Information Summary					
Detail Item	Payer ID	Paid Amount	Paid Date		
1	12345	\$45.00	04/02/2015		
2	12345	\$300.00	04/02/2015		

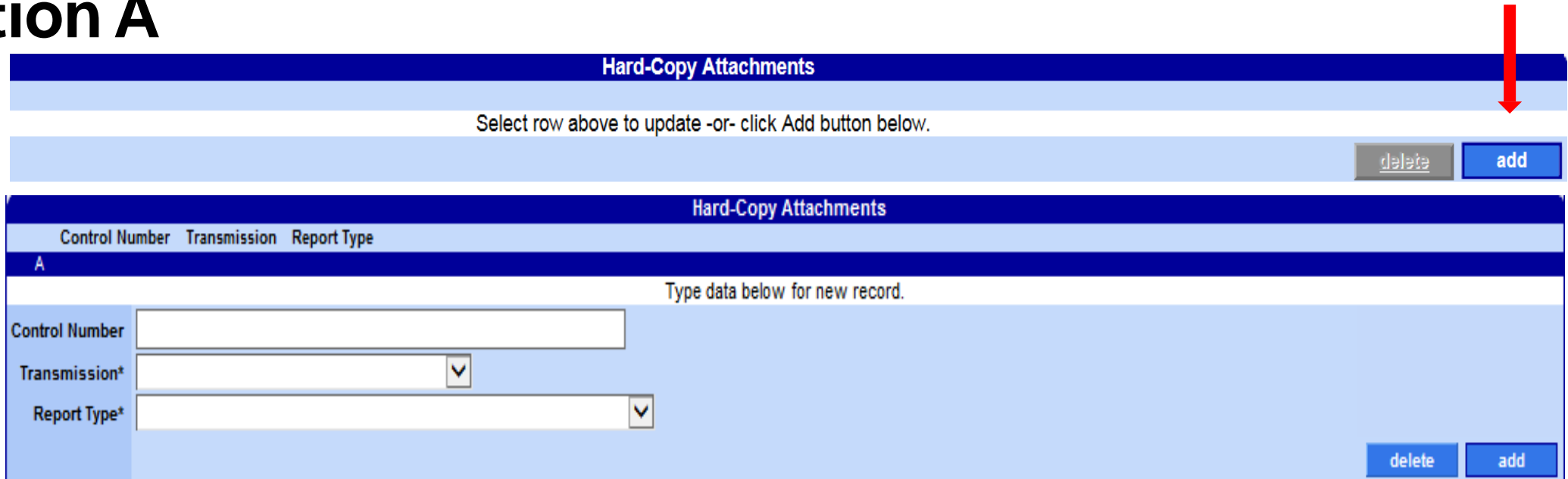
Detail Other Payer Adjustment Information Summary					
Detail Item	Payer ID	Claim Adjustment Group Code	Adjustment Reason Code	Adjustment Amount	Adjustment Quantity
1	12345	Patient Responsibility	2	\$10.00	0.00
1	12345	Patient Responsibility	1	\$25.00	0.00
2	12345	Patient Responsibility	2	\$0.00	0.00
2	12345	Patient Responsibility	1	\$150.00	0.00

- Detail Other Payer Information Summary indicates what was paid by the primary carrier.
- Detail Other Payer Adjustment information summary indicates what adjustments were made and what payments are being submitted for reimbursement on this claim.

# Submitting or Uploading Hard Copy Attachments

# Hard Copy Attachments

## Section A



The screenshot shows a web interface for 'Hard-Copy Attachments'. At the top, there is a dark blue header with the text 'Hard-Copy Attachments'. Below this is a light blue bar containing the instruction 'Select row above to update -or- click Add button below.' To the right of this bar are two buttons: a grey 'delete' button and a blue 'add' button. A red arrow points down to the 'add' button. Below this is another 'Hard-Copy Attachments' header. Underneath is a table with three columns: 'Control Number', 'Transmission', and 'Report Type'. The table contains one row with the value 'A' in the 'Control Number' column. Below the table is a form for adding a new record, with the instruction 'Type data below for new record.' The form has three fields: 'Control Number' (a text input), 'Transmission\*' (a dropdown menu), and 'Report Type\*' (a dropdown menu). At the bottom right of the form are 'delete' and 'add' buttons.

Click **add** to activate the Hard Copy Attachment panel.

- **Control Number**: a number or reference for your company.
- **Transmission**: how the document will be sent (upload only).
- **Report Type**: the type of document being sent.



# Hard Copy Attachments

## Section C

Hard-Copy Attachments		
Control Number	Transmission	Report Type
A		
Type data below for new record.		
Control Number	<input type="text" value="987654"/>	
Transmission*	<input type="text" value="EL - Electronic Upload"/>	
Report Type*	<input type="text" value="EB - EOB (Coordination of Benefits or Medicare Secondary Payor)"/>	
Claim Status Information		
Claim Status	Not Submitted yet	

[top of page](#) ← [top of page](#)

You are now ready to submit your claim.

- Click **top of page**.
- Click **submit**.

[Provider Billing Manuals](#)

→

# HIPAA Attachment Codes

CT - Member Eligibility Certification

OZ - Miscellaneous Other

EB - Medicare EOMB

EB - Third party Liability (TPL)

EB - Remittance Advice (RA)

There are other acceptable codes – these are the ones that pertain to secondary claims.

# Hard Copy Attachments

## Section D

If the claim suspends, the Hard Copy Attachments panel will display an upload button. Click **upload**.

Hard-Copy Attachments		
Control Number	Transmission	Report Type
2342342422	ELECTRONIC UPLOAD	Admission Summary
Select row above to update -or- click Add button below.		
Control Number	<input type="text"/>	
Transmission	<input type="text"/>	
Report Type	<input type="text" value="Admission Summary"/>	
		<input type="button" value="add"/> <input type="button" value="upload"/>
Claim Status Information		
Claim Status	SUSPENDED	
Claim ICN	2310000000000	
RA Paid Amount	\$0.00	
EOB Information		
Detail Number	Code	Description
0	0651	WAITING FOR ATTACHMENT FROM PROVIDER
1	0142	CLAIM EXCEEDS 12 MONTH FILING LIMIT
2	0142	CLAIM EXCEEDS 12 MONTH FILING LIMIT

# Hard Copy Attachments

## Section E

- Highlight the row the attachment appears.
- Click **Upload Attachment**.
- The attachment is loaded successfully and associated to the suspended ICN.



The screenshot displays a web interface for uploading attachments. At the top, a dark blue header bar contains the text "Attachment Upload". Below this is a table with two columns: "Attachment Control Number" and "Attachment Description". The table contains one row with the values "2342342422234" and "AS - Admission Summary". Below the table is another section titled "Attachment Upload" with a light blue background. This section includes a label "Upload" next to a text input field, a "Browse..." button, and a "upload attachment" button in the bottom right corner. There are also help and refresh icons in the top right of this section.

Attachment Control Number	Attachment Description
2342342422234	AS - Admission Summary

Attachment Upload

Upload



# Hard Copy Attachments

## Section F

The MMIS will display the message:  
“Attachment Successfully Attached”

# Claims Adjustment

## Medicare and Medicare Advantage plans claims

- If Medicare adjusts the claim, providers have 90 days from the Medicare adjustment date to update the GA Medicaid claim.
- Adjustment Type of Bill is not recognized.
- If Medicare does an adjustment to a previously paid claim, use the DMA-501 form and a paper claim, along with the adjusted EOMB.

Note: Be sure to check the appropriate box in Field 4 for the reason for the adjustment. In this situation it would be C.

# DMA-501 Adjustment Request Form

**Please Return To:**  
Hewlett Packard Enterprise  
P.O. Box 105208  
Tucker, GA 30085-5208

**ADJUSTMENT REQUEST FORM**

Adjustment Requests must be received within three months from the month of Medicaid payment.

<p>1. Internal Control Number (ICN) of the paid claim to be adjusted as shown on the Remittance Advice</p>	<p>3. Provider Name/Address</p>  <p>Provider Number: _____</p> <p>Phone Number (    ) _____</p> <p>Contact Person _____</p>
<p><b>Member Medicaid Information</b></p> <p>2. Medicaid Number _____</p> <p>Member Name (Last, First, Initial) _____</p>	

4. Reason for adjustment (check one box)

A. Member Medicaid ID linking issue

B. Payee Change

C. Provider receives payment from a third party such as Medicare after Medicaid has made a payment and the adjustment/claim is untimely. (attach all EOMBs that apply to this adjustment)

D. Patient Liability update - provider receives an updated Summary Notification Letter indicating the member's patient liability amount changed after the 90 day adjustment window and the claim is untimely.

5. Please list the information to be corrected in Blocks 5A-5D. If the information to be corrected does not have a line number enter zero in the line number field. COB applied should always be line #0.

5A	5B	5C	5D
Line to be Corrected	Information to be Changed	From (Current) Information	To (Corrected)

6. Explanation for Adjustment

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7. FOR DCH USE ONLY

CCN \_\_\_\_\_ FS Line Amount \$ \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

# Contact Us (Secure)

The screenshot displays the GAMMIS (Georgia Medicaid Management Information System) website. At the top left is the Georgia Department of Community Health logo. In the center is the GAMMIS logo. At the top right is the DXC Technology logo. A blue navigation bar contains a search box and the date "Friday, October 06, 2017". Below this is a session expiration notice: "Refresh session | You have approximately 16 minutes until your session will expire." A main navigation menu includes links for Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, and HFRD. A secondary menu offers Home, Publication Search, Site Map, Site Settings, and Language Selection. A bookmarkable link for "GAMMIS:Home" is provided. An alert message box states "(click to show) Alert Message posted 10/5/2017". The "User Information" section includes a "Login/Manage Account" link and a "Login" button. The "Members" section lists "Register for Secure Access" and "Member Information". The "Providers" section lists "PIN Activation" and "Provider Information". The "Upcoming Events" section features an "ICD-10 Implementation Announcement" regarding the transition from ICD-9 to ICD-10 codes starting October 1, 2015.

# Contact Us (Secure)

(continued)

## Georgia Medicaid Home

Jane Doe, Welcome to Georgia Medicaid

### Applications

Application	Description
<a href="#">MEUPS Account Management</a>	Manages contact information, password, and authorizations for applications.
<a href="#">Web Portal</a>	Web Portal

# Contact Us (Secure)

(continued)

Select Contact Information and Contact Us

Select a Type of Inquiry item > Select a Contact Method > Click submit

Requests Requiring PHI

**NOTE:** If the response to your inquiry contains protected health information (PHI) such as member or claims information, you must log into the secure web portal to submit your question and receive the response. Upon login, additional contact options related to PHI will be available.

submit cancel

**Contact Information**

How can we help you?

Select an Item\*

Enter Category Details

How can we help you?

How do you want to be contacted?

Contact Method\*


Last Name, First Name

Phone Number, Ext

- Claim Status Inquiry
- Eligibility Inquiry
- Contact My Provider Service Rep
- Provider Enrollment
- Request a Provider Rep Visit
- ICD-10 Inquiry
- Favors Review Inquiry
- MAPIR Inquiry
- Web Registration
- Member ID Cards
- Member PCP Assignments
- Customer Service
- Complaint about a Provider
- Complaint about a Member
- Other Complaint
- Having a Technical Problem
- Other
- EDI Submission Problem
- Provider PIN Issue

# Contact Us (Secure)

(continued)

**The following messages were generated:**  
Your request has been processed. Your tracking number is 20763193.   
Providers may call the Provider Contact Center at (770) 325-9600 or toll-free at (800) 766-4456. Members may call the Member Contact Center at (770) 325-2331 or toll-free at (866) 211-0950.

**Contact Information** ? ^

How can we help you?

Select an Item\*  ▼

Enter Category Details

How can we help you?

How do you want to be contacted?

Contact Method\*  ▼

Last Name, First Name

Phone Number, Ext

# Contact Us

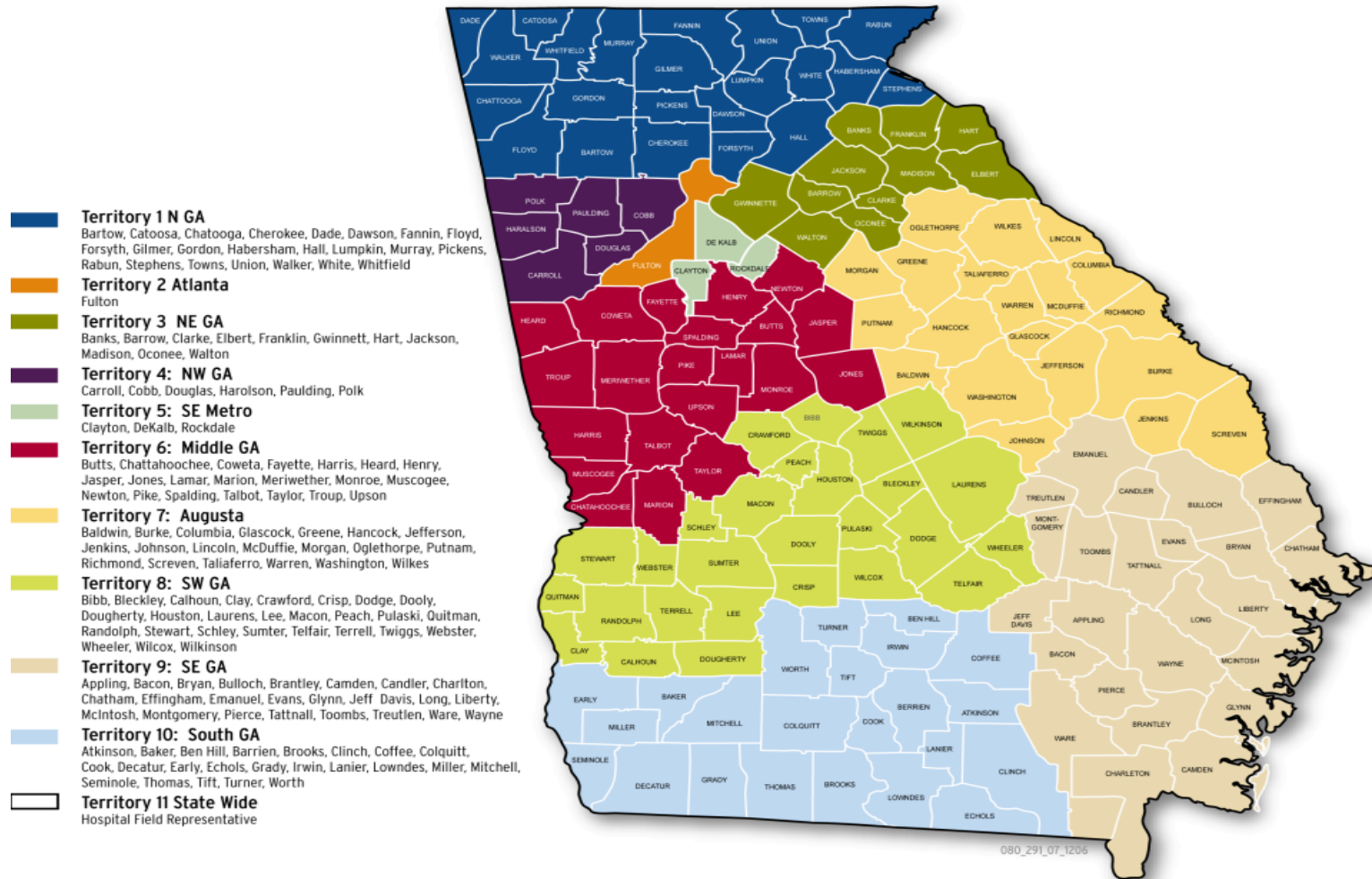
Our Provider Services Contact Center (PSCC) can be reached at  
800-766-4456  
and is available 7 a.m. to 7 p.m. EST  
Monday through Friday (except state holidays) to service inquiries.

# IVRS Overview

800-766-4456

- |            |  |
|------------|--|
| • Option 1 | Member Eligibility   |
| • Option 2 | Claims Status  |
| • Option 3 | Payment Information  |
| • Option 4 | Provider Enrollment  |
| • Option 5 | Prior Authorization  |
| • Option 6 | GAMMIS website password reset, Pharmacy Benefits, the Nurse Aide Registry or Nurse Aide Training program, PeachCare for Kids®, EDI submission or electronic claim submission, or a system overview |

# Georgia Field Territories



# Provider Relations Field Services Representatives

Territory	Region	Rep
1	North Georgia	Deandre Murray
2	Fulton	Adrian Hogan
3	NE Georgia	Carolyn Thomas
4	NW Georgia	Danny Williams
5	SE Metro	Ebony Hill
6	Middle Georgia	Shawnteel Bradshaw
7	Augusta	Jessica Bowen (Interim)
8	SW Georgia	Jill McCrary
9	SE Georgia	Vacant
10	South Georgia	Anitrus Johnson
North	Hospital Rep	Sherida Banks
South	Hospital Rep	Janey Griffin

# Frequently Asked Questions:

Q: Does Medicaid make any payment after Medicare?

❖ A: Medicaid pays up to the Medicaid approved amount and the Medicare yearly deductible for covered services.

Q: Does Medicare automatically crossover to Medicaid?

❖ A: If Medicare has the covered member's Medicaid information a claim should automatically crossover. Medicare Advantage Plans do not automatically crossover. They will have to be entered manually on the GAMMIS Web Portal.

Q: How do I manually enter a crossover claim?

❖ A: There is a crossover claim manual on the GAMMIS Web Portal under Provider Information – Web Portal Training that has step-by-step instructions. You can also request an on-site visit from your Provider Relations Representative.

# Frequently Asked Questions:

*(continued)*

Q: What is a crossover claim?

❖ A: A claim for services rendered to a member eligible for benefits under both Medicaid and Medicare programs. Medicare benefits must be processed prior to Medicaid benefits.

Q: What is timely filing on a crossover claim?

❖ A: Claims in this category must be received within 12 months from the month of service. A provider must wait at least 45 days from the date of payment by Medicare and not automatically sent by the Medicare Carrier or Intermediary to submit a Medicare crossover claim.


Q: All of my crossover claims are being denied?

❖ A: Please check the denial code and make sure all required information is being provided on the claim. You should get a PAID claim even if Medicaid is making no payment because Medicare paid more than Medicaid allowed.

# Session Review

**You should now be able to:**

- Identify general billing information and policy changes
- Explain how to submit crossover claims
- Resolve common crossover concerns relating to claim denials
- Perform functions using the IVRS and Web Portal



# Closing, Questions and Answers