

# MEDICARE CROSSOVER CLAIM SUBMISSION

CHANGES EFFECTIVE 06/01/2016



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# DISCLAIMER

SoonerCare policy is subject to change.

The information included in this presentation is current as of December 2016.



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# AGENDA

- Medicare Crossover Process
- Why are my claims not crossing over?
- Why are my crossover claims denying?
- Eligibility Verification – Medicare, SLMB, Q1, Q2
- Crossover Changes
- Claim Submission – Electronic Data Interchange (EDI), Provider Portal or Paper
- Timely Filing
- Resources



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# MEDICARE CROSSOVER PROCESS

- Provider creates a crossover claim utilizing their software
- Provider submits the claim to their billing agency, clearinghouse or Medicare directly
- Medicare receives and adjudicates the claim, creates a Medicare Crossover file which is then sent to Oklahoma SoonerCare
  - \*See your clearinghouse for specific requirements for your Medicare crossover claims



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# WHY ARE MY CLAIMS NOT CROSSING OVER?

- The Medicare NPI on your SoonerCare provider file must be identical to the NPI submitted on your Medicare claim
- If you have one Medicare NPI linked to multiple SoonerCare provider IDs, the Medicare crossover claim will default to the first provider location in sequence
  - Example: If you have an “A” location and a “C” location, the claim will adjudicate to the “A” location
- Member name and/or number does not match



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# WHY ARE MY CROSSOVER CLAIMS DENYING?

Ordering/referring provider is NOT contracted with  
SoonerCare:

- Ordering, referring or other professionals providing services must have a current SoonerCare contract
  - Provider Letter 2013-44

Ordering/referring provider listed on claim is NOT an  
individual physician or other professional:

- The physician or other professional who ordered, referred, and/or provided such items must be an individual provider, not a group
  - Provider Letter 2016-25



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# ELIGIBILITY VERIFICATION



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# SOONERCARE SUPPLEMENTAL ELIGIBILITY

Coverage Details for Member ID from 12/05/2016 to 12/05/2016 [Back to Eligibility Verification Request](#) ?

Effective/End dates are shown only for the period of time requested.

Verification Number 163408X3TX - 12/5/2016 - Status: A [Expand All](#) | [Collapse All](#)

Eligibility		
Coverage	Effective Date	End Date
Title 19	12/05/2016	12/05/2016
Non Emergency Transportation	12/05/2016	12/05/2016
Mental Health and Substance Abuse	12/05/2016	12/05/2016

Medicare		
Coverage	Effective Date	End Date
Medicare A	12/05/2016	12/05/2016
Medicare B	12/05/2016	12/05/2016

Living Arrangement Details

TPL

When you see Title 19 and Medicare A, Medicare B, the member has limited SoonerCare coverage.

# LIMITED MEDICARE PROGRAMS

- Specified Low-Income Medicare Beneficiary (SLMB)
- Qualifying Individual, Group 1 (Q1) and Qualifying Individual, Group 2 (Q2)
  - Provides assistance for Medicare Part B premiums only



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# LIMITED MEDICARE PROGRAMS

Coverage Details for Member ID from 12/05/2016 to 12/05/2016 [Back to Eligibility Verification Request](#) ?

Effective/End dates are shown only for the period of time requested.

Verification Number 163408X3TX - 12/5/2016 - Status: A [Expand All](#) | [Collapse All](#)

Eligibility <span style="float: right;">-</span>			
Coverage	Effective Date	End Date	
Title 19	12/05/2016	12/05/2016	
Non Emergency Transportation	12/05/2016	12/05/2016	
Mental Health and Substance Abuse	12/05/2016	12/05/2016	
Medicare <span style="float: right;">-</span>			
Coverage	Effective Date	End Date	
S.L.M.B	12/05/2016	12/05/2016	
Q1 or Q2	12/05/2016	12/05/2016	
Living Arrangement Details <span style="float: right;">+</span>			
TPL <span style="float: right;">+</span>			

If you see one of those without Title 19, the member has **NO** SoonerCare benefits.

# CROSSOVER CHANGES



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# MEDICARE CROSSOVER CLAIMS

The **date of service** will determine how crossover claims are processed:

- For claims that crossover automatically from Medicare, no action is needed by the provider
- **Part B** claims are processed at the detail level for dates of service 06/01/2016 and beyond
- **Part A** claims will continue to process at the header level



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# CROSSOVER CLAIM SUBMISSION OPTIONS

Additional options for automatic crossover failure or denials:

- Electronic Data Interchange (EDI)
- Submit on SoonerCare Provider Portal
- Paper Submission



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# EDI CROSSOVER BATCH SUBMISSION



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# CROSSOVER EDI SUBMISSION

Trading Partner (Clearinghouse/Billing Agent) uploads the EDI batch to SoonerCare through the Provider Portal.

- It takes approximately 3-4 hours (longer on Tues and Wed due to close of weekly financial cycle) for the batch to go through compliance review
- A 999 report is returned to the Trading Partner (Clearinghouse/Billing Agent) to confirm if the file passed compliance
- If the batch passes compliance, the provider can log in to the Provider Portal and locate the claim
- If the provider is unable to locate the claim, please contact the EDI Help Desk with the Member ID, date of service and amount of the claim



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# PROVIDER PORTAL CROSSOVER SUBMISSION



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# CROSSOVER PROFESSIONAL

**Submit Professional Claim: Step 1**

\* Indicates a required field.

**Claim Type:** Crossover Professional

**Provider Information**  
This panel contains provider information.

Billing Provider ID	Contract Code	ID Type	NP1	Name
Zip Code: 74012		Taxonomy		SC Provider Number
Referring Provider ID		ID Type		
Ordering Provider ID		ID Type		Ordering Zip Code

**Patient Information**  
Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

\*Member ID

Last Name	First Name	Middle
Birth Date		

**Claim Information**  
Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

Date Type	Date of Current	
Accident Related	Expected Delivery Date	
Patient Account Number	*From Date	*To Date
CLIA Number		
*Other Insurance	None	

Total Charged Amount: \$0.00

Services prior to 06/01/2016

From and To Date boxes have been added to Step 1; these dates will determine how the claim will be processed (header or detail level)

# CROSSOVER PROFESSIONAL – HEADER

**Submit Professional Claim: Step 1**

\* Indicates a required field.

**Claim Type:** Crossover Professional

**Provider Information**

This panel contains provider information.

Billing Provider ID	ID Type	NPI	Name
Zip Code: 74012	Contract Code	Taxonomy	SC Provider Number
Referring Provider ID	ID Type		
Ordering Provider ID	ID Type	Ordering Zip Code	

**Patient Information**

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

\*Member ID

Last Name	First Name	Middle
Birth Date		

**Claim Information**

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

Date Type	Date of Current	
Accident Related	Expected Delivery Date	
Patient Account Number	*From Date	*To Date
CLIA Number		
*Other Insurance		

Total Charged Amount: \$0.00

Services prior to 06/01/2016

**Medicare Crossover Details**

Medicare Crossover Instructions

Allowed Medicare Amount	\$0.00	Co-insurance Amount	\$0.00
Deductible Amount	\$0.00	Psychiatric Services Amount	\$0.00
Medicare Payment Amount	\$0.00	*Medicare Payment Date	

Continue Cancel

# CROSSOVER PROFESSIONAL – DETAIL

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge	Units	Position
1	06/23/2016	06/23/2016	01-Pharmacy	0001M-INFECTIOUS DIS HCV 6 ASSAYS			
2							

2 \*From Date  To Date  \*Place of Service

\*Procedure Code  Modifiers    \*Diagnosis Pointers

Charge Amount  \*Units  Unit Type Unit EPSDT

CLIA Number

Rendering Provider ID  ID Type  Zip Code  Contract Code

Taxonomy

Ordering Provider ID  ID Type  Zip Code

NDC for Item 2

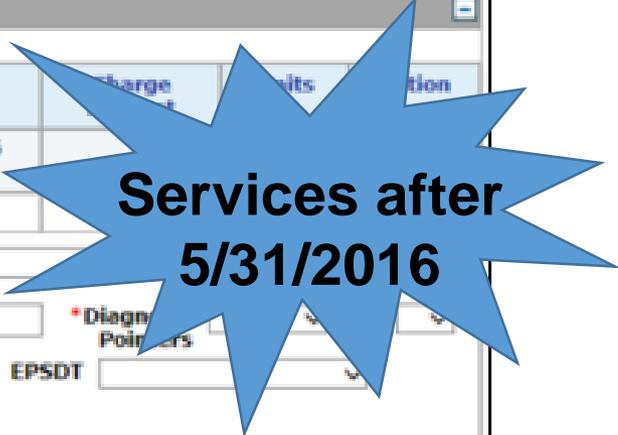
Medicare Crossover Details for Item 2

Medicare Crossover Details must be entered in this step for each Service Detail item if the From Date is on or after [Configurable Claim Parm Date]

Allowed Medicare Amount	<input type="text" value="\$0.00"/>	Co-insurance Amount	<input type="text" value="\$0.00"/>
Deductible Amount	<input type="text" value="\$0.00"/>	Psychiatric Services Amount	<input type="text" value="\$0.00"/>
Medicare Payment Amount	<input type="text" value="\$0.00"/>	*Medicare Payment Date	<input type="text"/>

**Key the crossover information for this line of service only**

Attachments



# CROSSOVER INSTITUTIONAL (PART A)

Part A claims will continue to process at the header level

**Submit Institutional Claim: Step 1**

\* Indicates a required field.

**Claim Type**

**Provider Information**

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID	Contract Code	ID Type	NPI	Name
Zip Code		Taxonomy		SC Provider Number
Institutional Provider ID		ID Type	NPI	
Attending Provider ID	<input type="text"/>	ID Type	<input type="text"/>	
Operating Provider ID	<input type="text"/>	ID Type	<input type="text"/>	
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>	

**Patient Information**

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

\*Member ID

Last Name  First Name  Middle

Birth Date

**Claim Information**

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

*Covered Dates @	<input type="text"/> - <input type="text"/>	Covered Days	<input type="text"/>
*Admission Date/Hour @	<input type="text"/> (hh:mm)	Discharge Hour @	<input type="text"/> (hh:mm)
*Admission Type @	<input type="text"/>	*Admission Source @	<input type="text"/>
*Admitting ICD Version	ICD-9-CM	*Admitting Diagnosis @	<input type="text"/>
Patient Status @	<input type="text"/>	*Type of Bill	<input type="text"/>
Patient Account Number	<input type="text"/>	Other Insurance	None

Total Charged Amount \$0.00

**Medicare Crossover Details**

Institutional Medicare Crossover Instructions

Deductible Amount	<input type="text" value="\$0.00"/>	Co-insurance Amount	<input type="text" value="\$0.00"/>
Blood Deductible Amount	<input type="text" value="\$0.00"/>	*Medicare Payment Date @	<input type="text"/>

# CROSSOVER INSTITUTIONAL (PART B) – HEADER

Part B claims will process at the header level

Services prior to 06/01/2016

Submit Institutional Claim: Step 1

\* Indicates a required field.

Claim Type: Crossover Outpatient

**Provider Information**

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID	ID Type	NPI	Name	PISTOL PETS
Zip Code: 74012	Contract Code	Taxonomy	SC Provider Number	
Institutional Provider ID	ID Type			
Attending Provider ID	ID Type			
Operating Provider ID	ID Type			
Referring Provider ID	ID Type			

**Patient Information**

Enter the Member ID. If Member ID is valid, the rest of the member information will populate.

\*Member ID: 823098524

Last Name: SOONERCARE      First Name: SUSIE      Middle: V

Birth Date: 07/01/2014

**Claim Information**

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

*Covered Dates	12/31/2015	* 12/31/2015	Covered Days	
Admission Date/ Hour		(hh:mm)	Discharge Hour	(hh:mm)
Admission Type			Admission Source	
Admitting ICD Version	ICD-10-CM		Admitting Diagnosis	
Patient Status			*Type of Bill	121
Patient Account Number			Other Insurance	None

Total Charged Amount: \$0.00

**Medicare Crossover Details**

Medicare Crossover Details must be entered in this step if the Covered From Date is before 01/01/2016.

Deductible Amount	\$0.00	Co-Insurance Amount	\$0.00
Blood Deductible Amount	\$0.00	Medicare Payment Date	

Continue    Cancel

# CROSSOVER INSTITUTIONAL (PART B) – DETAIL

Services after  
05/31/2016

**Service Details**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Unit Type	Remove
<a href="#">1</a>	0-TESTING	0001F-HEART FAILURE ASSESSED	11/01/2015	11/10/2015	1.00	Unit	<a href="#">Remove</a>
2			06/23/2016	06/23/2016			

2 \*Revenue Code  HCPCS/Proc Code

Modifiers

\*From Date  \*To Date  \*Units  \*Unit Type

Charge Amount

**NDC for Item 2**

**Medicare Crossover Details for Item 2**

Medicare Crossover Details must be entered in this step for each Service Detail item if the Covered From Date is on or after [Configurable Claim Parm Date]

Deductible Amount  Co-insurance Amount

Blood Deductible Amount  \*Medicare Payment Date

Medicare Payment Amount

**Attachments**

Key the crossover information for this line of service only

# LAST OPTION—PAPER

Date Posted	Title	Message
12/7/2016	New Electronic Submission Requirements for Medicare Crossover Claims	<p><b>Title:</b> New Electronic Submission Requirements for Medicare Crossover Claims</p> <p><b>Run Date:</b> 12/05/2016 - 01/20/2017</p> <p><b>Provider Type:</b> All</p> <p>Effective February 1, 2017, the Oklahoma Health Care Authority (OHCA) will require all Medicare crossover claims to be submitted electronically and in accordance with 42 CFR 424.32.</p> <p>If you are experiencing any issues with your claims crossing over to OHCA electronically, verify that your provider numbers and any Medicare numbers are correct on our files to ensure your claims will process correctly.</p> <p>If you need assistance with submitting your Medicare crossover claims electronically, please call the SoonerCare Helpline at (800) 522-0114.</p> <p>Thank you.</p>



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# **LAST OPTION—PAPER (UNTIL 02/01/2017)**

## **Paper submissions require a crossover invoice**

- HCA-28 if DOS is prior to 06/01/2016
- HCA-28B if DOS is 06/01/2016 or beyond

Mail Claim to:

Hewlett Packard Enterprise

P.O. Box 18110

Oklahoma City, OK 73154



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# TIMELY FILING (CROSSOVER ONLY)

Medicare to SoonerCare:

- Claims for coinsurance and/or deductible must meet the Medicare timely filing requirements
- The fiscal agent (HPE) must receive the SoonerCare claim related to the Medicare service within 12 months of the date of service or within 90 days of the Medicare disposition (if over 12 months)



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# RESOURCES

## Internet Help Desk

- 800-522-0114 or 405-522-6205; Option 2, 1

## EDI Help Desk

- 800-522-0114 or 405-522-6205; Option 2, 2

## Quick Reference Guide



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