

Affected Programs: BadgerCare Plus, Medicaid
To: All Providers, HMOs and Other Managed Care Programs

National Coordination of Benefits Agreement Medicare Part A and Medicare Part B Crossover Claims Process

The Centers for Medicare and Medicaid Services (CMS) has published final regulation requiring managed care organizations (MCOs) to enter into a national Coordination of Benefits Agreement (COBA) for Medicare Part A and Medicare Part B crossover claims. CMS requires compliance with this regulation on or before January 1, 2018, for BadgerCare Plus and SSI MCOs. This *ForwardHealth Update* provides guidance regarding this automated crossover process.

COBA Medicare Crossover Process

BadgerCare Plus and SSI MCOs who have signed up to be COBA trading partners with CMS are currently conducting testing of their eligibility and claims files with CMS. On and after the January 1, 2018, compliance date, CMS will automatically send claims to both the MCO and ForwardHealth for Medicare-enrolled members for Medicare-covered services. However, in the following situations, providers must continue to directly submit a claim to ForwardHealth or the MCO:

- The automatic crossover claim does not appear on the ForwardHealth or MCO Remittance Advice (RA) within 30 days of the Medicare processing date.
- The automatic crossover claim is denied and additional information may allow payment.
- The claim is for a member who is enrolled in Medicare and commercial health insurance that is secondary to Medicare (e.g., Medicare Supplemental).

- The claim is for a member who was not enrolled in BadgerCare Plus or Wisconsin Medicaid at the time the service was submitted to Medicare for payment, but the member was retroactively determined enrolled in BadgerCare Plus or Medicaid.
- The claim is for a member who is enrolled in a Medicare Advantage Plan or Medicare Cost Plan.

Providers are advised to wait 30 days before billing for claims submitted to Medicare to allow time for the automatic crossover process to complete. If automatic crossover claims do not appear on the ForwardHealth and/or the MCO's RA after 30 days of the Medicare processing date, providers are required to resubmit the claim directly to ForwardHealth or the MCO using the National Provider Identifier (NPI) that was reported to ForwardHealth as the primary NPI.

If the service is covered by the MCO, the ForwardHealth RA will indicate explanation of benefits (EOB) code 0287 (Member is enrolled in a State-contracted managed care program). If the service is covered on a fee-for-service basis, the MCO RA will indicate that the service is not covered. If the crossover claim is submitted without error, the responsible entity (either ForwardHealth or the MCO) will process the claim to a payable status.

Note: Providers are reminded that all claims submission deadlines continue to apply.

Resources

For more information regarding COBA and the automatic crossover process, refer to the CMS website at

www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/COBA-Trading-Partners/Coordination-of-Benefits-Agreements/Coordination-of-Benefits-Agreement-page.html.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services, the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

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This *Update* was issued on 12/21/2017 and information contained in this *Update* was incorporated into the Online Handbook on 01/02/2018.