

Crossover Claims



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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.
- Submit Crossover claims on the GAMMIS Web Portal.
- 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.
- 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).

Adjudication Information		Claim Status	
ICN/TCN	DMA520 Inquiry	Claim Status	
RA Date		Total Paid Amount	\$0.00
Billing Information		Release of Information*	<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	Amount Totals	
		Total Charges	\$0.00

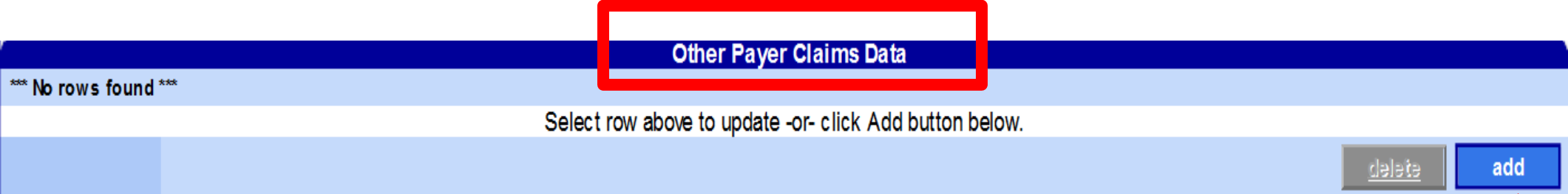
Diagnosis

Allows entry of up to ten 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, there is a dark blue header with the word "Diagnosis" in white. Below this is a light blue header with the text "Seq Code ▾ Diagnosis Version Description" and "ICD" above "Diagnosis". A dark blue bar with the letter "A" is below that. The main area is light blue and contains the text "Type data below for new record." Below this text are three input fields: "Seq Code*" with a dropdown menu showing "1", "Diagnosis*" with a text input box, and a "[Search]" button. To the right of these fields are two buttons: "delete" and "add". Three red arrows 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 box.

Other Payer Claims Data



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

Other Payer Claims Data

Other Payer Claims Data	
A Claim Filing Relationship Other Insured Identifier Last Name First Name, MI Name Payer Resp Authorization Number	Payer Identifier Insurance Co Name Group Name Group or Policy # Paid Date Paid Amount
Type data below for new record.	
Claim Filing <input type="text"/>	Payer Identifier* <input type="text"/>
Relationship <input type="text"/>	Insurance Company Name* <input type="text"/>
Other Insured Identifier* <input type="text"/>	Group Name <input type="text"/>
Last Name* <input type="text"/>	Group or Policy Number <input type="text"/>
First Name, MI* <input type="text"/>	Paid Date <input type="text"/>
Payer Resp <input type="text"/>	Paid Amount <input type="text"/>
Authorization Number <input type="text"/>	
<input type="button" value="delete"/> <input type="button" value="add"/>	

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

Other Payer Claims Data

A
Other Payer Claims Data

Claim Filing Relationship Other Insured Identifier Last Name First Name, MI Name Payer Resp Authorization Number	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	Payer Identifier* <input type="text"/> Insurance Company Name* <input type="text"/> Group Name <input type="text"/> Group or Policy Number <input type="text"/> Insurance Type Code <input type="text" value=""/> Paid Date <input type="text" value=""/> <input type="button" value="Calendar"/> Paid Amount <input type="text"/>
<input type="button" value="delete"/> <input type="button" value="add"/>	
The data below is for the row selected above.	
*** No rows found ***	
Claim Adjustment Group Adjustment Code	Reason Code <input type="text"/> <input type="button" value="Search"/> Adjustment Quantity <input type="text"/>
<input type="button" value="delete"/> <input type="button" value="add"/>	
Other Payer Adjustment Information Summary	
Payer ID Insurance Company Name	Amount 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

-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="v"/>		<input type="button" value="[Search]"/>
Adjustment Amount	<input type="text"/>	Adjustment Quantity	<input type="text"/>
			<input type="button" value="delete"/> <input type="button" value="add"/>

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

Detail

*** No rows found ***

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

delete

add

copy

Professional Claim Detail Panel

Item	1	Emergency	<input type="text"/>
From DOS*	<input type="text" value="01/01/2015"/>	EPSDT/Fam Plan	<input type="text"/>
To DOS	<input type="text" value="01/01/2015"/>	PA/Precert Number	<input type="text"/>
POS*	<input type="text" value="00"/> [Search]	Mammogram Certification Number	<input type="text"/>
Procedure*	<input type="text" value="99215"/> [Search]	DME Serial Number	<input type="text"/>
Procedure Description		Ordering Provider ID	<input type="text"/>
Modifier 1	<input type="text" value="ZZ"/> [Search]	Ordering Provider Name (Last, First, MI)	<input type="text"/>
Modifier 2	<input type="text"/> [Search]	Drug Rebate Information	
Modifier 3	<input type="text"/> [Search]	NDC	<input type="text"/> [Search]
Modifier 4	<input type="text"/> [Search]	Drug Name	<input type="text"/>
Diagnosis Pointer*	<input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/>	Drug Unit Count	<input type="text"/>
Units*	<input type="text" value="1.00"/>	Drug Unit of Measure	<input type="text"/>
Charges*	<input type="text" value="\$1,500.00"/>	Adjudication Information	
Rendering Provider ID	<input type="text"/>	Status	
Referring Provider ID	<input type="text"/>	Allowed Amount	\$0.00
Referring Provider Name (Last, First, MI)	<input type="text"/>	CoPay Amount	\$0.00
Primary Care Provider ID	<input type="text"/>	Paid Amount	\$0.00
Primary Care Provider Name (Last, First, MI)	<input type="text"/>		
			<input type="button" value="delete"/> <input type="button" value="add"/> <input type="button" value="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

-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

(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"/>

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 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				
Claim Adjustment Group Code	<input type="text" value="A 1"/>	Adjustment Reason Code	<input type="text" value="1"/>	<input type="button" value="[Search]"/>
Adjustment Amount	<input type="text" value="\$0.00"/>	Adjustment Quantity	<input type="text" value="0.00"/>	
				<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"/> [v]
Adjustment Reason Code*	<input type="text" value="1"/> [Search]
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*** [\[Search \]](#)

Adjustment Amount \$0.00 **Adjustment Quantity**

[delete](#)

Claim Adjustment Group Code* PR - Patient Responsibility **Adjustment Reason Code** [\[Close \]](#)

Adjustment Amount \$0.00

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 [?](#) [^](#)

Adjustment Reason Code [search](#) [clear](#)

Description

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

		Detail	
A	Item	2	Emergency
	From DOS	01/02/2015	EPSDT/Fam Plan
	To DOS		PA/Precert Number
	POS	11	Mammogram Certification Number
	Procedure	99460	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
			\$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
			\$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

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

The screenshot displays a web interface for managing hard-copy attachments. At the top, a dark blue header bar contains the text "Hard-Copy Attachments". Below this, a light blue bar contains 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. Below the instruction bar is a table with a dark blue header bar also labeled "Hard-Copy Attachments". The table has three columns: "Control Number", "Transmission", and "Report Type". A single row is visible, with the letter "A" in the "Control Number" column. Below the table is a light blue bar with the instruction "Type data below for new record." This is followed by a form with three input fields: "Control Number" (a text box), "Transmission*" (a dropdown menu), and "Report Type*" (a dropdown menu). At the bottom right of the form area are two buttons: a grey "delete" button and a blue "add" button.

1. 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 B

Hard-Copy Attachments

Control Number	Transmission	Report Type	
Type data below for new record.			
Control Number	<input type="text" value="9999999"/>		
Transmission*			
Report Type*	<div style="border: 1px solid black; padding: 2px;"> AA - Available on Request at Provider Site BM - By Mail EL - Electronic Upload EM - E-Mail FT - File Transfer FX - By Fax </div>		
Claim Status	No		
<input type="button" value="delete"/> <input type="button" value="add"/>			
Claim Status Information			
<input type="button" value="delete"/> <input type="button" value="add"/>			
Detail Other Payer Information Summary			
Detail Item	Payer ID	Paid Amount	Paid Date
1	1234	AS	Admission Summary
2	1234	B2	Prescription
		B3	Physician Order
		B4	Referral Form
		BR	Benchmark Testing Results
1	1234	BS	Baseline
2	1234	BT	Blanket Test Results
		CB	Chiropractic Justification
		CK	Consent Form(s)
		CT	Certification
		D2	Drug Profile Document
		DA	Dental Models
		DB	Durable Medical Equipment Prescription
		DG	Diagnostic Report
		DJ	Discharge Monitoring Report
		DS	Discharge Summary
		EB	EOB (Coordination of Benefits or Medicare Secondary Payor)
		HC	Health Certificate
		HR	Health Clinic Records
		I5	Immunization Record
		IR	State School Immunization Records
		LA	Laboratory Results
		M1	Medical Record Attachment
		MT	Models
		NN	Nursing Notes
		OB	Operative Note
		OC	Oxygen Content Averaging Report
		OD	Orders and Treatments Document
		OE	Objective Physical Examination (including vital signs) Document
Payer Adjustment Information Summary			
Quantity	1.00		
	1.00		
	1.00		
Hard-Copy Attachments			
Type data below for new record.			
<input type="button" value="delete"/> <input type="button" value="add"/>			
Claim Status Information			
<input type="button" value="delete"/> <input type="button" value="add"/>			

HIPAA Attachment Codes

CT - Member Eligibility Certification

OZ - Miscellaneous Other

EB - Medicare EOMB

EB - Third party Liability (TPL)

EB - Remittance Advice (RA)

These are the codes that pertain to secondary claims. Other acceptable codes can be found on the dropdown list.

Hard Copy Attachments

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

top of page



top of page

[Provider Billing Manuals](#)



submit cancel

You are now ready to submit your claim.

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

Hard Copy Attachments

(continued)

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

Transmission

Report Type

Claim Status Information

Claim Status	SUSPENDED
Claim ICN	2310000000000
RA Paid Amount	\$0.00

EOB Information

Detail Number	Code	Description
0	0851	WAITING FOR ATTACHMENT FROM PROVIDER
1	0142	CLAIM EXCEEDS 12 MONTH FILING LIMIT
2	0142	CLAIM EXCEEDS 12 MONTH FILING LIMIT

Hard Copy Attachments

(continued)

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

Attachment Upload	
Attachment Control Number	Attachment Description
2342342422234	AS - Admission Summary

Attachment Upload	
Upload	<input type="text"/> <input type="button" value="Browse..."/>
<input type="button" value="upload attachment"/>	

Hard Copy Attachments

(continued)

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

Timely Filing And Claims Adjustments

Timely Filing Rules

For crossover claims, timely filing is 12 months from the month the service (MOS) was rendered by the provider.

- Claim adjustment – Within three months of the month of payment
- Claim resubmission – Within three months of the month the denial occurred

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.
- If Medicare does an adjustment to a previously paid claim, use the DMA-501 form 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:

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>Member Medicaid Information</p> <p>2. Medicaid Number</p> <p>Member Name (Last, First, Initial)</p>	<p>Provider Number:</p> <p>Phone Number ()</p> <p>Contact Person</p>
<p>4. Reason for adjustment (check one box)</p> <p><input type="checkbox"/> A. Member Medicaid ID linking issue</p> <p><input type="checkbox"/> B. Payee Change</p> <p><input type="checkbox"/> 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)</p> <p><input type="checkbox"/> 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.</p>	

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 z e r o in the line number field. COB applied should always be line #0.

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

6. Explanation for Adjustment

7. FOR DCH USE ONLY

CCN _____ FS Line Amount \$ _____

Provider Signature _____ Date _____

Frequently Asked Questions:

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.

Frequently Asked Questions:

(continued)

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.

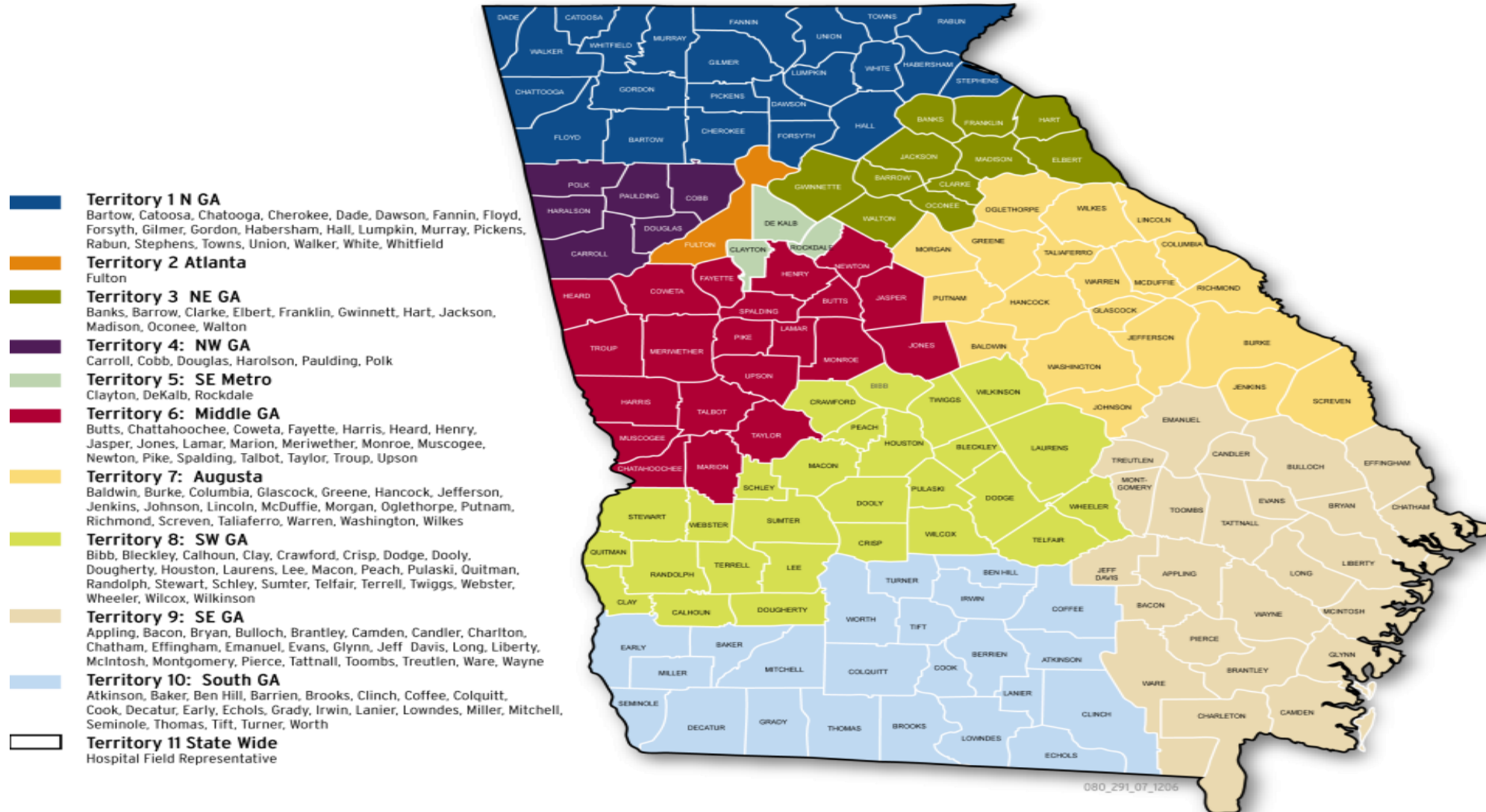
Q: Do Medicare Advantage Plans automatically crossover?

❖ **A:** No. 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.

Georgia Field Territories



080_291_07_1206

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
8	SW Georgia	Jill McCrary
9	SE Georgia	Kendall Telfair
10	South Georgia	Anitrus Johnson
North	Hospital Rep	Sherida Banks
South	Hospital Rep	Janey Griffin

Contact My Provider Rep Directly

Login to the MMIS system with your username and password

The screenshot displays the GAMMIS (Georgia Medicaid Management Information System) website. At the top left is the logo for the Georgia Department of Community Health. The main header features the GAMMIS logo and a search bar. A blue navigation bar contains a session refresh warning and the date Friday, October 06, 2017. Below this is a menu with links for Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, and HFRD. A secondary navigation bar includes Home, Publication Search, Site Map, Site Settings, and Language Selection. A breadcrumb trail shows the user is on the Home page. A red arrow points to the 'Login' button in the 'User Information' section, which is located below a message posted on 10/5/2017. The 'User Information' section also includes a 'Login/Manage Account' link. Below the 'User Information' section are two columns: 'Members' with links for 'Register for Secure Access' and 'Member Information', and 'Providers' with links for 'PIN Activation' and 'Provider Information'. A 'Upcoming Events' section on the right contains a detailed announcement about ICD-10 implementation starting on October 1, 2015.

Contact My Provider Rep Directly

(continued)

Select the Web Portal Option

Georgia Medicaid Home

Jane Doe, Welcome to Georgia Medicaid

Applications

Application	Description
MEUPS Account Management	Manages contact information, password, and authorizations for applications.
Web Portal	Web Portal



Contact My Provider Rep Directly

(continued)

Select Contact Information, Contact Us

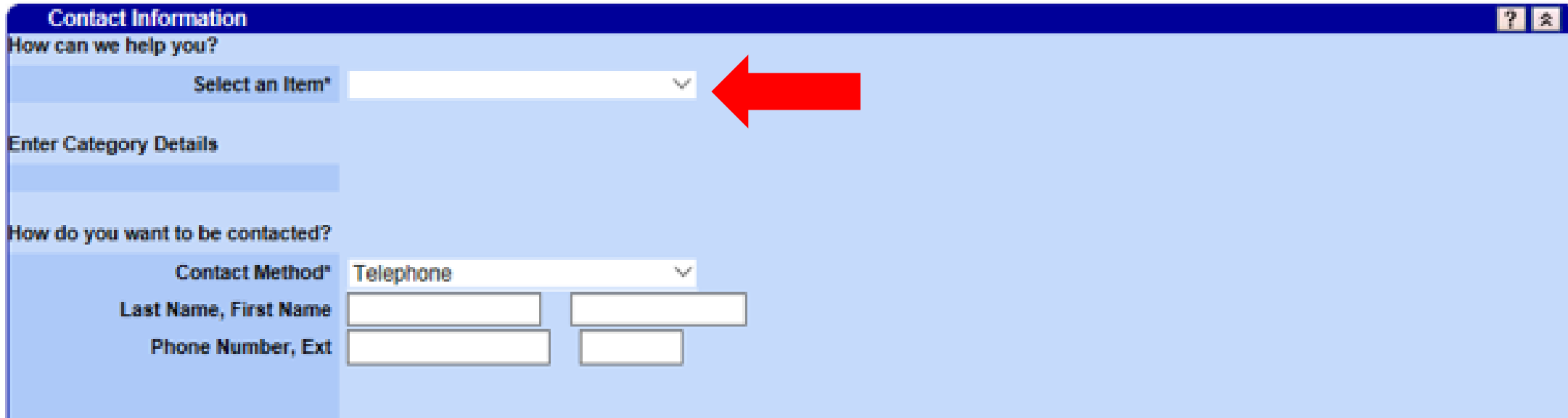


The screenshot shows a horizontal navigation menu with the following items: Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | Eligibility | Presumptive Activations | Health Check | Prior Authorization | Reports | ... A red arrow labeled '1' points to the 'Contact Information' link. Below the main menu, a sub-menu is visible with the following items: Contact Us | Phone Numbers & Links | ... A red arrow labeled '2' points to the 'Contact Us' link in the sub-menu. At the bottom of the screenshot, there is a bookmarkable link: [★ GAMMIS: Contact Information](#) <- Bookmarkable Link [★ Click here for help and information about bookmarks](#)

Contact My Provider Rep Directly

(continued)

Select an Item



The screenshot shows a web form titled "Contact Information" with a blue header bar. The form is divided into several sections:

- How can we help you?**: A dropdown menu labeled "Select an Item*" with a red arrow pointing to it.
- Enter Category Details**: A section with a blue background and a white input field.
- How do you want to be contacted?**: A section with a blue background containing:
 - A dropdown menu labeled "Contact Method*" with "Telephone" selected.
 - Input fields for "Last Name, First Name" (split into two boxes).
 - Input fields for "Phone Number, Ext" (split into two boxes).

Contact My Provider Rep Directly

(continued)

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 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

OR

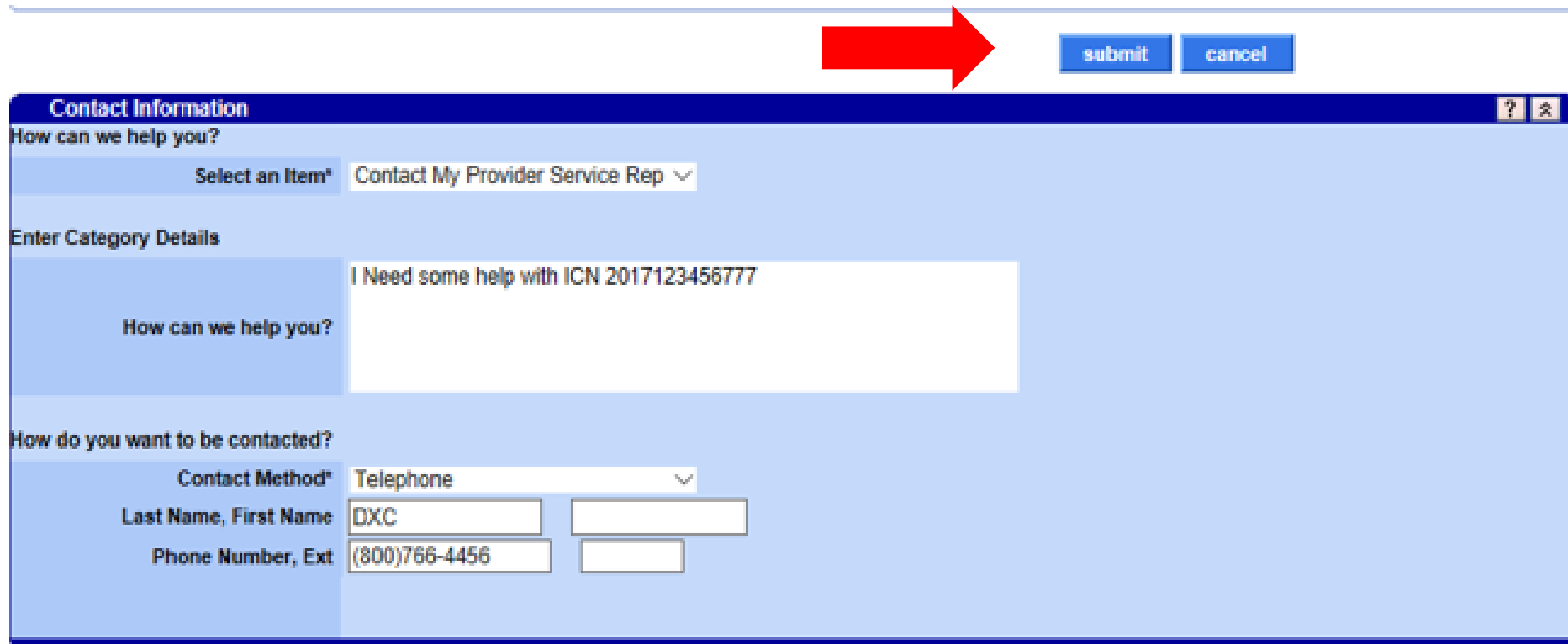
Click Here

top of page top of page

Contact My Provider Rep Directly

(continued)

Please provide all details pertaining to your issue, including ICN, member ID, etc.



The screenshot shows a web form titled "Contact Information" with a blue header and a light blue body. A red arrow points from the top right towards the "submit" button. The form contains the following fields:

- How can we help you?**
 - Select an Item*: Contact My Provider Service Rep (dropdown menu)
- Enter Category Details**
 - How can we help you?: I Need some help with ICN 2017123456777 (text area)
- How do you want to be contacted?**
 - Contact Method*: Telephone (dropdown menu)
 - Last Name, First Name: DXC (text input)
 - Phone Number, Ext: (800)766-4456 (text input)

Contact My Provider Rep Directly

(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) 325-9888 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* Contact My Provider Service Rep

Enter Category Details

How can we help you?

test

How do you want to be contacted?

Contact Method* Telephone

Last Name, First Name HP test

Phone Number, Ext (800)766-4456

Provider Services Contact Center

PSCC assists providers with inquiries regarding claims status, eligibility coverage, prior authorization, remittance advice, demographic changes, and other Medicaid questions. PSCC is available:

- 1-800-766-4456
- Monday through Friday (excluding state holidays)
- 7 a.m. to 7 p.m. Eastern Standard Time
- Providers can also use the “Contact Us” link on GAMMIS

Contacting Gainwell Technologies

- Interactive Voice Response System (IVRS)
- Provider Services Contact Center (PSCC)
- Georgia Medicaid Management Information System (GAMMIS)
- Provider Relations Representatives

IVRS Overview

The Interactive Voice Response System (IVRS) allows users to call and conduct inquiries or transactions on the Georgia Medicaid Management Information System (GAMMIS) using a touch-tone telephone.

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

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