

From: 18 existing FFS provider listservs [mailto:ALL_FFS_PROVIDERS@LIST.NIH.GOV] **On**
Behalf **Of** CMS CMSProviderResource
Sent: Tuesday, February 16, 2010 5:23 PM
To: ALL_FFS_PROVIDERS@LIST.NIH.GOV
Subject: Medicare Claims Crossover to Supplemental Payer Problem

Medicare Claims Crossover to Supplemental Payer Problem
Action Required by Some Health Care Providers to Receive Supplemental
Payment

The Centers for Medicare & Medicaid Services (CMS) has identified a problem where claims were not automatically crossing over to supplemental payers even though the provider remittance advice indicated otherwise. This problem began January 5, 2010. Part A institutional claims and Part B professional claims, with the exception of supplier claims processed by Durable Medical Equipment Medicare Administrative Contractors (DME MACs), were impacted by this problem. Claims processed by DME MACs were not impacted.

Part A Institutional Claims

No action is required by Part A institutional providers. As of February 2, 2010, CMS successfully implemented a systems fix to ensure that all Part A institutional claims are now crossing over to supplemental payers as indicated on the remittance advice received by providers. As part of the fix, CMS' Medicare contractors were able to identify claims processed between January 5 and February 1, 2010, where the provider remittance advice indicated that the affected claims were crossed over to various supplemental payers but were not. On February 2, 2010, the affected Medicare contractors began to send the affected claims to the Coordination of Benefits Contractor (COBC) to be crossed over to supplemental payers. This effort is now largely completed. Please allow until March 1, 2010, for supplemental payers to receive and process these claims before attempting to balance bill them for any remaining balances after Medicare.

Part B Professional Claims

Action is required on behalf of Part B professional providers where a remittance advice with an issue date between January 5, 2010, and February 12, 2010, has two or more service lines for a beneficiary where both of the following apply:

- One service line is 100 percent reimbursable (i.e., the approved amount and amount to be paid are equal,) AND
- One service line where part of or the entire Medicare approved amount is applied to the Part B deductible and/or carries co-insurance amounts.

CMS is not able to forward these beneficiary claims to supplemental payers even though the remittance advice may indicate otherwise. Providers will need to identify these claims by reviewing their remittance advice with an issue date between January 5, 2010, and February

12, 2010, that contain the criteria noted above. Once identified, providers will need to take action to balance bill the beneficiary's supplemental payer. As of February 12, 2010, this system problem was fixed and all claims are crossing over to supplemental payers as indicated on the provider remittance advice.

The CMS has already notified supplemental payers of these issues. We regret any inconvenience you may experience related to this Medicare claim supplemental payer crossover problem.