TO: All Providers

RE: Important Information Regarding Provider Enrollment for Medicare Crossover Claims

The purpose of this bulletin is to alert providers enrolled with the Connecticut Medical Assistance Program (CMAP) but submit to Medicare with a different National Provider Identifier (NPI), that crossover claims will pay if submitted to both Medicare and Medicaid with the SAME NPI. For providers already enrolled in CMAP, Medicare primary-Medicaid secondary claims should crossover directly from Medicare to Medicaid after Medicare has made a payment when they follow the CMAP billing requirements. Medicare HMO crossover claims will not cross over automatically; however, they can be submitted via the Secure Web Portal available on the www.ctdssmap.com Web site.

For crossover claims to process correctly when the claim is received from Medicare, it must include the same billing provider NPI and taxonomy that the provider is enrolled with in CMAP. The taxonomy is imperative for CMAP to correctly process your crossover claims and identify a unique billing ID. Please confirm with your software vendor that the billing provider taxonomy is not being removed from your claims submitted to Medicare.

Detailed instructions for submitting your claims that do not crossover systematically can be found on the CMAP Web site at www.ctdssmap.com, by selecting "Information" in the top toolbar, then selecting "Publications", and scrolling down in the Provider Manual panel until you see Chapter 11 - Other Insurance and Medicare Billing Guides. Chapter 11 is claim type specific, so you will then need to select "Professional Other Insurance/Medicare Billing Guide" or "Institutional Other Insurance/Medicare Billing Guide" claim type from the drop down menu as it pertains to your provider type.

It is important to note that providers who offer services to Qualified Medicare Beneficiaries (QMB) are **strictly** prohibited under §1902(n)(3)(B) of the Social Security Act, from seeking to collect any additional amount from a QMB for Medicare deductibles or coinsurance (other than nominal Medicaid payments), even if the Medicaid program's payment is less than the total amount of the Medicare deductibles and coinsurance. This is referred to as balance-billing and it is a violation of the provider's Medicaid agreement. Specifically, the statute provides that the Medicare payment and any Medicaid payment are considered payment in full to the provider for services rendered to a QMB.

If you have any questions regarding this bulletin, please contact the Provider Assistance Center at 1-800-842-8440.