



MEDICARE AND THE MEDICAID TRADING PARTNER PROCESS

WPS has received questions from providers regarding Medicaid trading partners and on-going concerns providers have with Medicare crossover claims. Medicare was informed previously that Medicaid Agencies have an internal provider crosswalk, where they match the Medicare provider number with an internal Medicaid provider number. Medicaid maintains this crosswalk, as the Medicare system only has Medicare information in it. If the Medicaid crosswalk contains incorrect information, or if the Medicaid provider profile changes, it could affect Medicaid's processing of the claims. We would like to offer the following advice to a provider having an issue with Medicaid crossover claims.

Scenario 1: No claims are crossing to Medicaid

Advice: If none of your claims are crossing over, check with Medicaid enrollment and verify your provider numbers are set up accurately with Medicaid.

Example: Recently an Iowa provider's claims suddenly stopped crossing to Medicaid. She called, and Medicaid said they did not have the claims. Medicare stated we crossed them over and did not get any rejects. Upon further research, Medicaid had changed something on her profile, and Medicaid was not matching her Medicare provider number with their Medicaid number. The claims were simply dropping off the system where their CSR could not see them.

Scenario 2: Some claims are crossing to Medicaid

Advice: This could be due to selection criteria the Trading Partner has elected. Look for a pattern, like adjusted claims, denied, 100% paid, etc. Remember Medicaid does have selection criteria.

Scenario 3: Medicare is paying you appropriately, under the correct Medicare provider number.

Advice: Medicare payment information including your Medicare provider number is sent to Trading Partners including Medicaid. If the Trading Partner processes your claims under a different provider number, this is a change made by their system. Medicare does not maintain provider numbers used by Trading Partner in the Medicare system.

Scenario 4: The person's claims were previously crossing, but now they are not.

Advice: Again, the first question to consider is whether all of the claims have stopped crossing, or just select ones. Most likely, the beneficiary no longer has crossover information associated with their Health Insurance Claim Number (HICN) within Common Working File (CWF). Customer Service Representatives (CSRs) or anyone at Medicare can check to see what each beneficiary has set up for crossover information under this national program. All information is stored within CWF and is loaded by the COBC. CWF will list past and current Trading Partner (TP) details with their start and termination dates.



Scenario 5: The beneficiary's Trading Partner details are incorrect.

Advice: WPS Medicare cannot update any crossover information. In fact, we are no longer directly involved in the crossover process. The TP files an eligibility file with the COBC. All the beneficiaries, whose claims should be crossed over, are contained in this file. Only the TP can modify their eligibility file and change crossover information related to a beneficiary. Beneficiaries will need to work directly with the TP to be added or have information updated.