

Update and Reminder for Medicaid Provider Billing-Documentation Required for Medicare and Third-Party Insurance Primary Submissions

September 10, 2018

All crossover claims submitted from Medicare and other third-party billing should accurately reflect payments received from other insurers to allow correct calculation of Medicaid reimbursement amounts. The Explanation of Benefits and other documentation supporting Medicare and third-party reimbursement amounts must be kept for audit or inspection by the Department of Health, Office of the Medicaid Inspector General (OMIG), the Office of the State Comptroller (OSC) or other state or federal agencies responsible for audit functions.

Additionally, for any claim submitted to Medicaid with a zero-fill reimbursement from Medicare or a third-party insurer, the provider must retain evidence that the claim was initially billed to Medicare and/or the third-party insurer and was denied BEFORE seeking reimbursement from Medicaid.

The exception to this policy would be for items that are statutorily not covered by the Medicare program – providers may bill Medicaid directly without receiving a denial. Providers are responsible for retaining the statutory exemption from Medicare audit or inspection.