

Dear Medicare Crossover Provider:

Medicare Crossover claims for Medically Needy recipients are sent to the Medicaid area offices for prorating the reimbursement amount when the Medicaid eligibility dates do not coincide with the Medicare dates of service. This is necessary because the fiscal agent does not have the authority to alter the Explanation of Medicare Benefits (EOMB). Claims submitted to the fiscal agent without the EOMB altered may result in claim reimbursement that is incorrect or claims returned to you due to incorrect filing. To expedite processing of these claims, you may now prorate the claims themselves and submit them directly to the fiscal agent or continue sending them to the area office.

If you choose to prorate your claims, please follow these instructions:

1. Verify the Medicaid eligibility dates. If the eligibility dates cover the entire Medicare billed dates of service, the claims do not need to be prorated and can be submitted directly to the fiscal agent. If the Medicaid eligibility dates are less than the Medicare billed dates of service, the claims will need to be prorated.
2. Do not alter the UB-04. Only the Medicare EOMB needs to be altered. Circle the applicable line (recipient section) and write PRORATED FOR MEDICALLY NEEDED RECIPIENT within the circle.
3. Line out the original amounts, and enter the new calculations.
4. Circle, sign, and date all alterations.
5. Make sure all entries are legible. Use only blue or black ink.

Calculation of reimbursement request to Medicaid

If the service units have remained constant throughout the billed dates of service:

Calculate the prorated amounts by following these steps based on the recipient's Medicaid eligibility dates:

- Divide the amount billed (reported on the Medicare EOMB) by the total days on the EOMB. This will give you the charge per day (CPD).
- Multiply the CPD by the number of Medicaid eligible days.
- Divide the covered charges reported on the EOMB by the total days on the EOMB to obtain the allowed charge per day (ACD).
- Multiply the ACD by the number of Medicaid eligible days.

- Divide the coinsurance reported on the EOMB by the total days on the EOMB to obtain the coinsurance per day (CoinPD).
- Multiply the CoinPD by the number of Medicaid eligible days.
- Line out the items on the Medicare EOMB and enter the calculated amounts above on the EOMB.



- The Medicare EOMB should now indicate reference to a medically needy dialysis recipient, new coinsurance amount, new net reimbursement amount, and each change should be circled, signed, and dated.
- Submit the Medicare EOMB and claim form to the fiscal agent for processing.

Dialysis Formula for Proration:

Amount Billed _____ / Medicare Days _____ = _____

X Medicaid Days _____ = _____

Covered Charges _____ / Medicare Days _____ = _____

X Medicaid Days _____ = _____

Coinsurance _____ / Medicare Days _____ = _____

X Medicaid Days _____ = _____

If the service units have varied throughout the billed dates of service:

Only the service units billed during the Medicaid eligibility date span will need to be prorated. Calculate the new prorated amounts establishing a worksheet based on the recipient Medicaid eligibility dates. To obtain the new rate follow these steps:

- Create a worksheet. Determine the actual units of each service billed to Medicare during the Medicaid eligibility date span.
- Multiply the service charges by the number of units to obtain the actual cost that can be billed to Medicaid.
- When these figures have been calculated, add these figures to obtain the new covered charge amount.
- Multiply the new charge amount by 20% (new calculated coinsurance amount), then multiply the new charge amount by 80% (new net reimbursement amount).
- On the Medicare EOMB:
 1. Line through the old coinsurance amount and enter the new coinsurance amount (20% of the new charge amount).
 2. Line through the Medicare covered charge amount and enter the new covered charge.
 3. Line through the old net reimbursement amount and enter the new calculated amount (80% of the new charge amount).
 4. Line through the old dates that do not reflect the Medicaid eligibility dates.
- The Medicare EOMB should now indicate reference to a medically needy dialysis recipient, new coinsurance amount, new net reimbursement amount, and each change should be circled, signed, and dated.
- Submit the Medicare EOMB and claim form to the fiscal agent for processing. You are not required to submit the worksheet to the fiscal agent, but you should retain it in your records.

Claims should be directly submitted to the following address and must include the attention information on the claim and the envelope:

HP
UB-04 Crossover
P.O. Box 7064
Tallahassee, FL 32314-7064
Attention: Medicare Crossover Medically Needy Dialysis Claims

For additional information regarding Medically Needy Billing, please refer to the Provider Reimbursement Handbook, UB-04 or contact your local Medicaid area office. The Medicaid area offices' phone numbers and addresses are available on the Agency's Web site at <http://ahca.myflorida.com>.

Sincerely,

A handwritten signature in black ink, appearing to read "Beth Kidder", with a stylized flourish at the end.

Beth Kidder, Chief
Bureau of Medicaid Services

BK/js
cc: Medicaid Field Office Managers