

North Carolina Medicaid Special Bulletin

An Information Service of the
Division of Medical Assistance

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**Attention
All Providers**

NCTracks Updates

Claims Reprocessing of Crossover Claims for Services Rendered to Qualified Medicare Beneficiaries

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In adherence to Centers for Medicare & Medicaid Services (CMS) *Informational Bulletin, Payment of Medicare Cost Sharing for Qualified Medicare Beneficiaries (QMBs)*, dated June 7, 2013, Medicaid is legally obligated to reimburse providers for cost sharing that is due for a QMB according to the state's CMS-approved Medicare cost-sharing payment methodology.

As previously communicated in the [September 2015 Medicaid Bulletin](#), the N.C. Division of Medical Assistance (DMA) will be executing the next step of its corrective actions to align the processing of Medicare claims for services rendered to QMB recipients with CMS' guidance. **On Nov. 1, 2015**, DMA initiated the second step of the corrective action plan to activate the CMS-approved Medicare cost-sharing payment methodology within NCTracks to process claims for services rendered to QMB recipients from Nov. 1, 2015 forward. It did so by paying the Medicare cost share of non-Medicaid covered Medicare services and "lesser of" logic for services covered by Medicare and Medicaid.

DMA will continue with step three of the plan by performing claims reprocessing, and thereby correcting overpayments and underpayments. This action is projected to begin no earlier than **late January of 2016**. This action will apply the same CMS-approved Medicare cost-sharing payment methodology within NCTracks to **claims with services rendered to QMB recipients dating between July 1, 2013 and Feb. 28, 2015**.

Corrective actions within step three of the plan will continue **to reprocess all crossover claims from March 1, 2015 through Nov. 2, 2015** applying the same Medicare cost-sharing payment methodology.

As these and future key milestone dates approach, DMA and NCTracks will inform providers of the impending changes and claims reprocessing efforts.

Provider Reimbursement
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