



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MassHealth
All Provider Bulletin 158
September 2006

TO: All Providers Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: **Coordination of Benefits for Crossover Claims**

News

Effective September 1, 2006, MassHealth began processing electronic crossover claims under the Coordination of Benefits Agreement (COBA) program described in the *COBA Implementation User Guide* (www.cms.hhs.gov/COBAgreement). As part of the agreement, the Centers for Medicare & Medicaid Services (CMS) consolidated the Medicare claims crossover process by appointing a single coordination-of-benefits contractor (COBC). Group Health Incorporated (GHI) has been selected by CMS as the national COBC.

MassHealth Claims Processing

CMS, MassHealth, and the COBC worked together to transition to the COBA program. During the transition period, providers may have noticed a slight delay in the processing of electronic Medicare/MassHealth crossover claims. We apologize for any inconvenience that this may have caused.

Please note that the COBC will cross over to MassHealth both paper and electronic claims for dually eligible members that were submitted to a fiscal intermediary, carrier, or DMERC (durable medical equipment regional carrier). MassHealth will accept from the COBC both Medicare-paid and denied claims. MassHealth will not accept void claims from the COBC. Please continue to submit void claims directly to MassHealth.

MassHealth Will Now Systematically Process Claims Denied by Medicare

As part of the major business-process improvement afforded by the COBA, claims denied by Medicare are now systematically translated to the appropriate MassHealth-specific invoice type, and will subsequently appear on the corresponding (non-crossover) MassHealth remittance advice. MassHealth will process all Medicare-denied claims received from COBC and will subsequently pay or deny claims according to MassHealth regulations.

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**MassHealth Will Now
Systematically Process
Claims Denied by
Medicare**
(cont.)

Providers should no longer submit their Medicare crossover denials directly to MassHealth.

Claims that do not automatically cross over from the COBC should be submitted to MassHealth by providers either electronically or on paper. For information on MassHealth electronic coordination-of-benefits claims submission, consult the applicable MassHealth Companion Guide on our Web site at www.mass.gov/masshealth, by clicking the [MassHealth and HIPAA](#) link.

**What MassHealth
Providers Need to
Do Next**

To avoid delays in payment, please ensure that MassHealth has your Medicare provider number(s) on file. Report any changes to your Medicare provider number(s) to MassHealth Provider Enrollment in a timely manner, and fax any changes to 617-988-8974. Providers with questions about their file can also call MassHealth Provider Enrollment at 1-800-841-2900.

When submitting claims to Medicare, providers should also continue to enter their MassHealth information (including their pay-to provider number and the member identification number) in the appropriate fields on the Medicare claim.

Additional Information

For more information, refer to the following resources.

- COBA Implementation User Guide at www.cms.hhs.gov/COBAgreement
 - MLN Matters bulletin at www.cms.hhs.gov/MLNMattersArticles/downloads/SE0504.pdf
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Questions

If you have any questions about the information in the bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.
