



Related MLN Matters Article #: SE0681 **Revised**

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Medicare Fee-for-Service (FFS) and Medicare Advantage (MA) Eligibility System Issues

Key Words

SE0681, FFS, MA, Eligibility, Fee-for-Service

Provider Types Affected

Physicians and providers who bill Medicare Carriers, Fiscal Intermediaries (FIs), or Part A/B Medicare Administrative Contractors (A/B MACs)

Note: MLN Matters article SE0681 was revised to provide a link to the plan directory that can be used to associate the plan name to the plan number. That link is on page 2 below.

Key Points

- In some cases, MA enrollments with retroactive dates are processed by the Centers for Medicare & Medicaid Services (CMS) FFS systems.
- The result is that Medicare may pay for the services rendered twice. They pay once under FFS and then by the MA payment systems in the monthly capitation rate to the plan.
- The FFS contractor reverses the FFS payment, recovers the payment from the provider, and the provider then bills the MA plan.

FFS Claims Paid in Error

- Due to CMS beneficiary eligibility system updates, beneficiaries enrolled in MA organizations may be identified as having been inappropriately paid on a FFS basis.
- FIs, carriers, and A/B MACs will adjust these claims and seek overpayments.
- Where such an overpayment is recovered from a provider, the related remittance advice for the claim adjustment will indicate Reason Code 24, which states: "*Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.*".
- Whenever CMS reverses FFS payments as a result of confirmed retroactive enrollment in an MA plan, the provider must bill the MA plan.

- The plan adjudicates the claim and takes the following action:
 - If the provider is **part** of the network, the plan pays the claim at the plan's rate.
 - If the provider is **not part** of the network, the plan pays the provider at the Medicare FFS rate.
 - If the plan denies payment, then the provider may bill the beneficiary.
- Information on which plan to contact can be determined through an eligibility inquiry or by contacting the beneficiary directly.
- To associate plan identification numbers with the plan name, providers may go to <http://www.cms.hhs.gov/MCRAdvPartDENrolData/PDMCPDO/list.asp#TopOfPage> on the CMS website.
- The Medicare beneficiary call center representatives at 1-800-MEDICARE have been trained to answer beneficiary inquiries that may arise in these situations."

Eligibility Data Discrepancies: Provider Action

- Despite system corrections, there remains a small number (under 1000) of beneficiary eligibility records that have not been updated.
- CMS is working to correct this, but in the interim, if a provider has information from the MA plan that conflicts with information received from an FI, carrier, or A/B MAC in reply to an eligibility inquiry, the provider should call the FI/carrier/MAC provider call center.
- The call center representative will check Medicare's Common Working File System and if the conflict is confirmed the provider will be referred to the CMS Regional Office (RO) for resolution.

Contacting the CMS RO for Resolution

- Providers (or provider call centers) who may have a beneficiary on the telephone line, should contact the RO customer service line.
- If the beneficiary is not on the telephone line, the provider (or provider call center) may wish to send an email to the RO.

Note: A list of RO email addresses and RO contacts will be supplied by CMS and added to this document at that time.

Important Links

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0681.pdf> on the CMS website.