

## ***NCTracks Alert - Claims Reprocessing Notice***

### **Reprocessing of Qualified Medicare Beneficiary (QMB) Crossover Claims**

This reprocessing applies to QMB claims submitted with Patient Monthly Liability (PML) dates of service between July 1, 2013 and July 1, 2015. This reprocessing will only apply to claims that were not previously reprocessed in adherence to Centers for Medicare & Medicaid Services (CMS)'s Informational Bulletin [Payment of Medicare Cost Sharing for Qualified Medicare Beneficiaries \(QMBs\)](#) dated June 7, 2013. NCTracks records show that you have affected claims.

Effective November 1, 2015, the "lesser of" logic was applied to services covered by both Medicare and Medicaid that are rendered to QMBs. Specifically, claims for Medicare-covered services that are also covered in the Medicaid State Plan are paid at the lesser of the:

- Medicare cost-share (which is the sum of co-insurance, deductible and co-pay), or,
- Difference between the amount paid by Medicare and the Medicaid State Plan rate (if any).

For services not covered under the N.C. Medicaid State Plan, the claims are paid the Medicare cost share amount. This rule applies to both crossovers and secondary filed claims for Q-class recipients. This methodology results in the provider receiving the Medicare or Medicaid allowable and the QMB recipient not being responsible for any additional monies for services covered by Medicaid and/or Medicare.

**Issue:** Due to potential PML balance issues, previously identified QMB claims with PML balances scheduled to be included in the initial reprocessing were not reprocessed as communicated in the [December 2015 Medicaid Special Bulletin](#).

**Action:** The identified claims will be systematically reprocessed as adjustments to apply the appropriate adjudication logic. Providers will be contacted if PML balance issues associated with this claim reprocessing effort requires further resolution.

**Timing:** Applicable claims will be reprocessed in the **March 17, 2020 checkwrite**.

**Remittance Advice:** Reprocessed claims will be displayed in a separate section of the paper Remittance Advice with the unique Explanation of Benefits (EOB) code 06021 - REPROCESSING OF MEDICARE QMB CLAIMS WITH PML BALANCES FOR DATES OF SERVICE BETWEEN JULY 1, 2013 and JULY 1, 2015. The 835 electronic transactions will include the reprocessed claims along with other claims submitted for the checkwrite (there is no separate 835). Please note that depending on the number of affected claims you have in the identified checkwrite, you could see an increase in the size of the RA.

**Important Reprocessing Information:** Reprocessing does not guarantee payment of claims. Affected claims will be reprocessed. While some edits may be bypassed as part of the claim reprocessing, changes made to the system since the claims were originally adjudicated may apply to the reprocessed claims. Therefore, the reprocessed claims could deny.

If the reprocessed claim denies and there are not sufficient funds to satisfy the full recoupment amount from claims paid in the current checkwrite, an Accounts Receivable (AR) will be created. Recoupment of the AR will begin with the subsequent NCTracks checkwrite and will continue on each checkwrite until the full amount due is recouped.

If funds are insufficient to collect the full amount due from the NPI for which the AR was generated, NCTracks will automatically seek to recoup the AR from other NPIs with the same Internal Revenue Service Taxpayer Identification Number. For more information about the AR process, see the [Feb. 29, 2016 announcement](#).

The NCTracks Team

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