

Mississippi Dual Eligible Special Needs Plans (D-SNP) Claims

November 2024

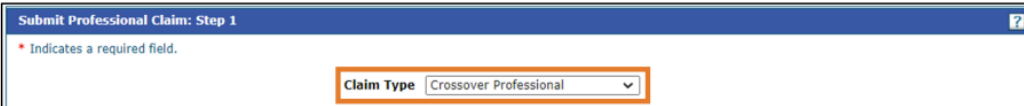
In June of 2024, MOA published a list of all the D-SNP plans active in Mississippi for the calendar year 2024. Some of those plans may change in 2025. MOA will soon publish a 2025 D-SNP. At the time of the June 2024 publication, the method for crossing these claims over to Mississippi Medicaid was unclear. While D-SNP plans are a type of Medicare Advantage (Part C), these plans are administered differently in that the provider must manually send D-SNP claims over to Medicaid. Mississippi Medicaid will then be responsible for the amount of remaining patient balance. (Please note the following is a summary of how to cross D-SNP claims over to Medicaid. Please read the entire Job Aid for complete details on portal claims filing.)

Gainwell Cross Over Claims Mississippi Medicaid Job Aid (link below)



Step 3 The Portal displays the "Submit Professional Claim": Step 1 page.

- Select **Claim Type** Crossover Professional.



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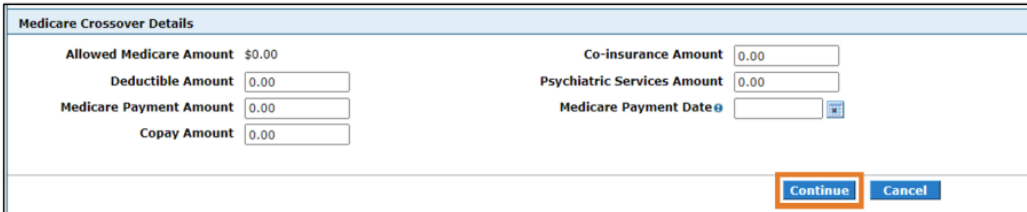
Step 6

- Complete the **Claim Information** section.

NOTE: The "Include Other Insurance" box is grayed out for Crossover Claim Types.
NOTE: Everything with a red asterisk * must be completed.

Step 7

- Complete the **Medicare Crossover Details** section.
- Review all sections on Submit Professional Claim: Step 1 page. If all the information entered is correct select **Continue** to move on to Step 2.

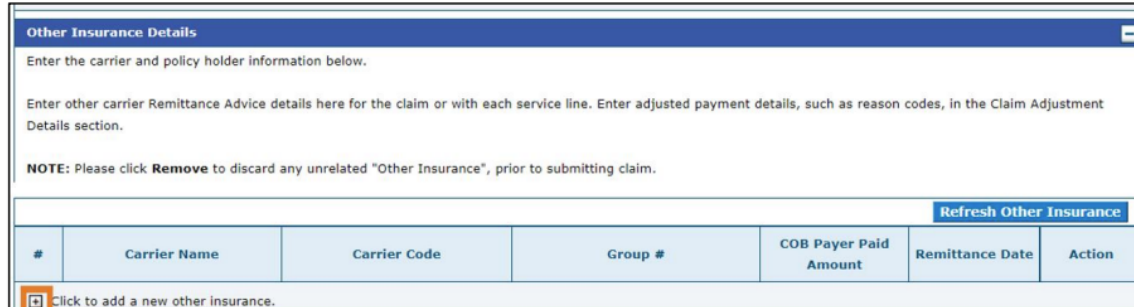


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Step 10 Scroll down to the **Other Insurance Detail** panel.

NOTE: If there is other insurance information already populated that is out of date, select the **Remove** button under the **Action** column.

- Select the **plus sign** to add any other insurance.



The next step is important. Provider must use 16 as the indicator for Medicare Part C crossover claims. If any other option is selected, the provider claim for Medicare Part C crossover will be denied.

- Step 11 The required fields to be completed for the Other Insurance Details section depend on the selection in the **Claim Filing Indicator** dropdown.
- Select **16 (Medicare Part C)**, **MA (Medicare Part A)**, or **MB (Medicare Part B)** for the Claim Filing Indicator and the additional fields will not be displayed.
- Anything selected other than 16, MA, or MB will require additional fields to complete the Other Insurance Details section.
- Select MB-Medicare Part B from the **Claim Filing Indicator** dropdown.
 - Select **Add Insurance**.

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

NOTE: Please click **Remove** to discard any unrelated "Other Insurance", prior to submitting claim.

[Refresh Other Insurance](#)

#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
<input type="checkbox"/> Click to collapse.						
*Claim Filing Indicator: MB-Medicare Part B						
<input type="button" value="Add Insurance"/> <input type="button" value="Cancel Insurance"/>						

- Step 13
- Select LM-Liability Medical for the **Claim Filing Indicator**. The additional fields display once the selection is made.
 - Complete the additional other insurance fields that are required.
 - [Link to Carrier Codes](#)
 - Complete the Outpatient Adjudication Information section if applicable.
 - Once all the information is entered select **Add Insurance**.

NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.

#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
1	Claim Filing Indicator: 'Health Maintenance Organization (HMO) Medicare Risk'					Remove
<input type="checkbox"/> Click to collapse.						
*Claim Filing Indicator: 17-Dental Maintenance Organization						
*Carrier Name		*Carrier Code				
*Subscriber Last Name		*First Name				
Subscriber Address						
City						
State						
Zip Code						
Country						
*Subscriber ID						
*Group #						
Group Name						
Insurance Type						
*Payer Responsibility			*Relationship to Subscriber			
*COB Payer Paid Amount: 0.00			*Remittance Date			
Remaining Patient Liability						
*Release of Information						
Assignment of Benefits						
Patient Signature Source Code						

For professional claims being submitted through the MESA portal, providers would follow the instructions in the below linked JobAid (as noted in the below Late Breaking News article from 2/15/24) as a regular Medicaid claim IF THE DSNP DENIED THE CLAIM:

[06022023_MRP_Gainwell_Job_Aid_Professional_Claim_Submission_v1.1.pdf](#)

*If submitting this way, providers must still attach the DSNP EOMB showing the denial.

From Late Breaking News February 15, 2024

2/15/2024

Submitting a claim for full-benefit dual eligible members to Medicaid when Medicare denied services

The Mississippi Division of Medicaid (DOM) would like to clarify the process for submitting claims to Medicaid for full-benefit dual eligible members with Medicare when Medicare denied services billed. Claims that fit this scenario must be submitted to Medicaid by Provider Portal, 837 EDI transaction, or paper, as a Medicaid Only claim with the Medicare EOMB attached showing Medicare denied the services. The claims will suspend up to 21 days awaiting receipt of attachment. Once the attachment is received, the claim will be reviewed to validate the Medicare denial reason(s). If Medicare denied for "Not Medically Necessary," the claim will be denied by Medicaid. Claims will process according to all Medicaid policies and billing rules for any other denial reasons.

For professional claims being submitted via paper, providers would follow the instructions in the below linked paper billing manual:

[20230802_MRP_Gainwell_Paper_Claims_Billing_Instructions_v7.0.pdf](#)

*Crossover Part C specific guidance is on page 20, Section 4.9.

For professional claims being submitted via EDI, providers would follow the instructions in the below linked EDI Companion Guide:

[20240215MRP_Gainwell_EDI_v5010_X12_837P_Companion_Guide.pdf](#)

As always, if any of your members have issues with billing claims, they can reach out to their provider representatives. I've attached the link to their contact information below.

[2024-PROVIDER-FIELD-REPRESENTATIVES_Map-and-By-County.pdf](#)