MISSISSIPPI DIVISION OF MEDICAID

Job Aid

Inpatient Crossover Claim with TPL Submission

In this simulation, the user imitates a real-world process or activity. Please read the instructions thoroughly and follow all directions.

Starting December 18, 2023, providers will have access to their portal account for up to 1 year from the date of termination. Claims for services provided before the termination effective date may be submitted for processing as well as adjustments or voids. Claims for services provided on or after the termination date will be denied.

When submitting a crossover claim make sure to follow these tips:

- Only include the EOMB(s) needed to process the claim.
- EOMBs must be completely legible.
- Negative dollar amounts are not accepted and must be entered as zero.
- All the data on the EOMB must match the data entered on the portal submitted claim.

Review the Steps to Submit an Inpatient Crossover Claim

Steps	Description
Step 1	Login to the Portal. The **Portal Home** screen Displays.

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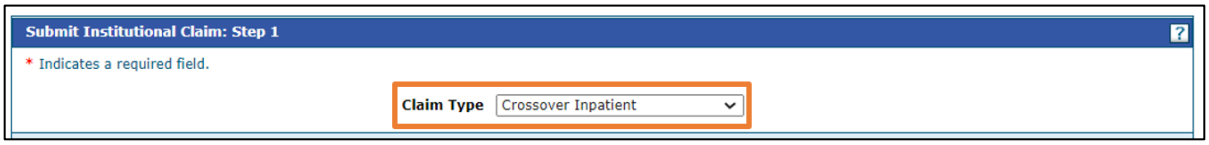
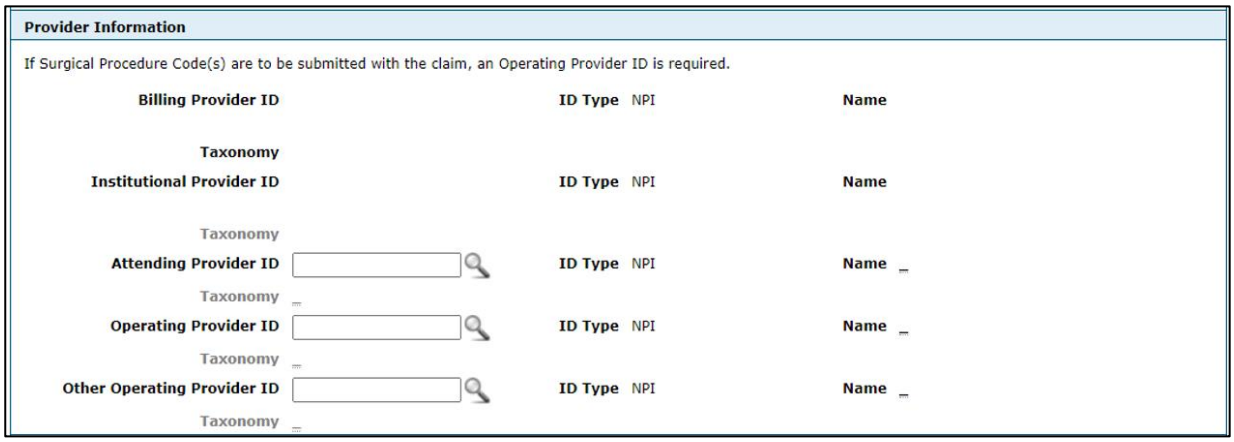
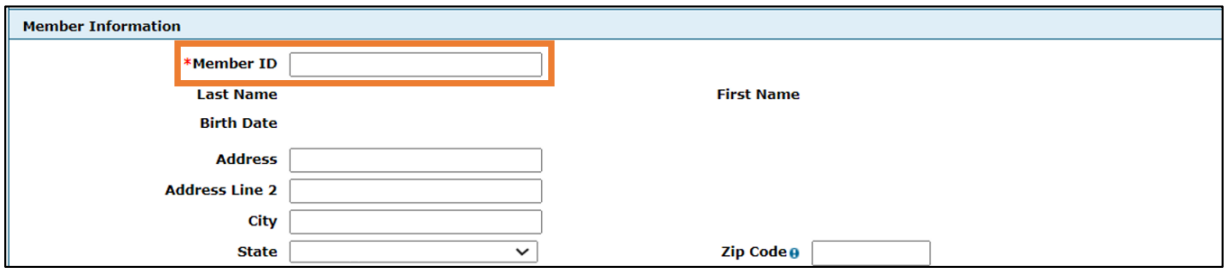
Steps	Description
Step 2	The following steps will review how to submit an Inpatient Crossover Claim in MESA: Hover over the **Claims** tab on the menu bar. A list of claim types displays below. • Click **Submit Claim Inst**.
Step 3	The Portal displays the “Submit Institutional Claim”: Step 1 page. • Select **Claim Type** Crossover Inpatient. 
Step 4	• Complete the **Provider Information** section. **NOTE**: There will be information already generated in this section. Complete additional fields if applicable to the claim the user is submitting. 
Step 5	• Complete the **Member Information** section. **NOTE**: Once the user enters a Member ID, the system generates the remaining fields in this section. Verify the fields populate correctly. 

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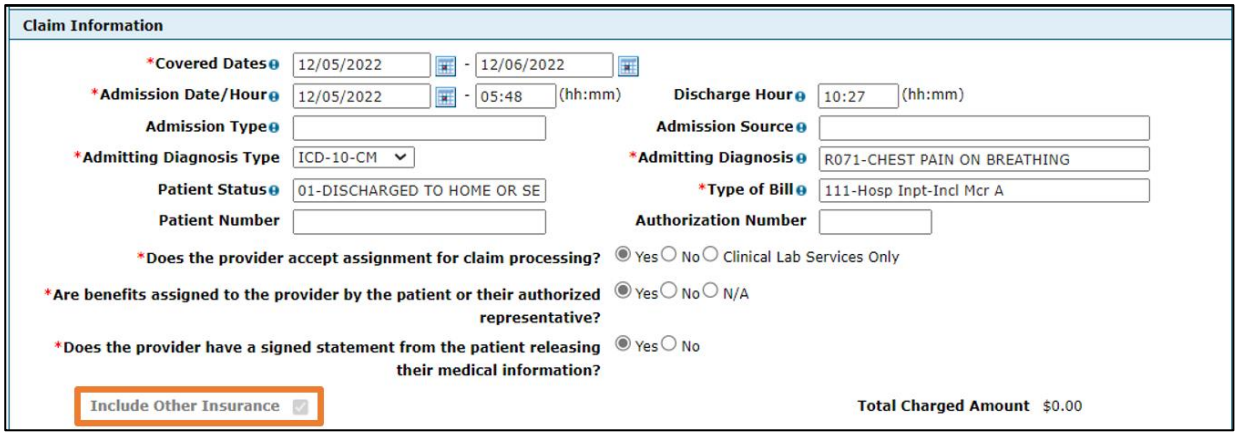
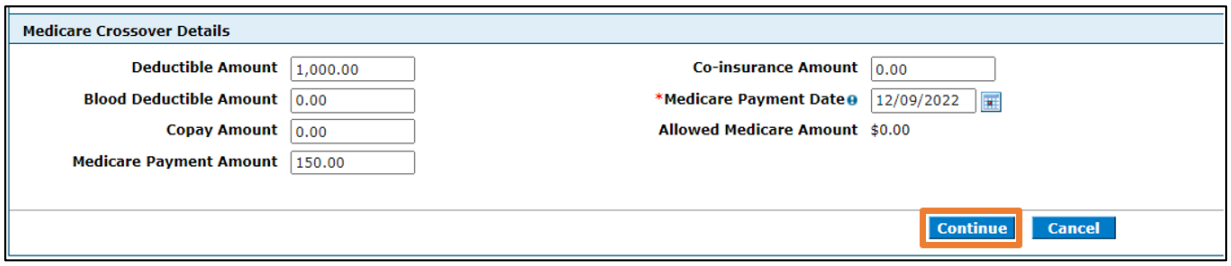
Steps	Description
Step 6	• Complete the **Claim Information** section. **NOTE**: The "**Include Other Insurance"** box is grayed out on Medicare Crossover Claim Type. Everything with a red asterisk * must be completed. 
Step 7	• Complete the **Medicare Crossover Details** section. • Review all sections on Submit Institutional Claim: Step 1 page. If all the information entered is correct click Continue to move on to Step 2. 

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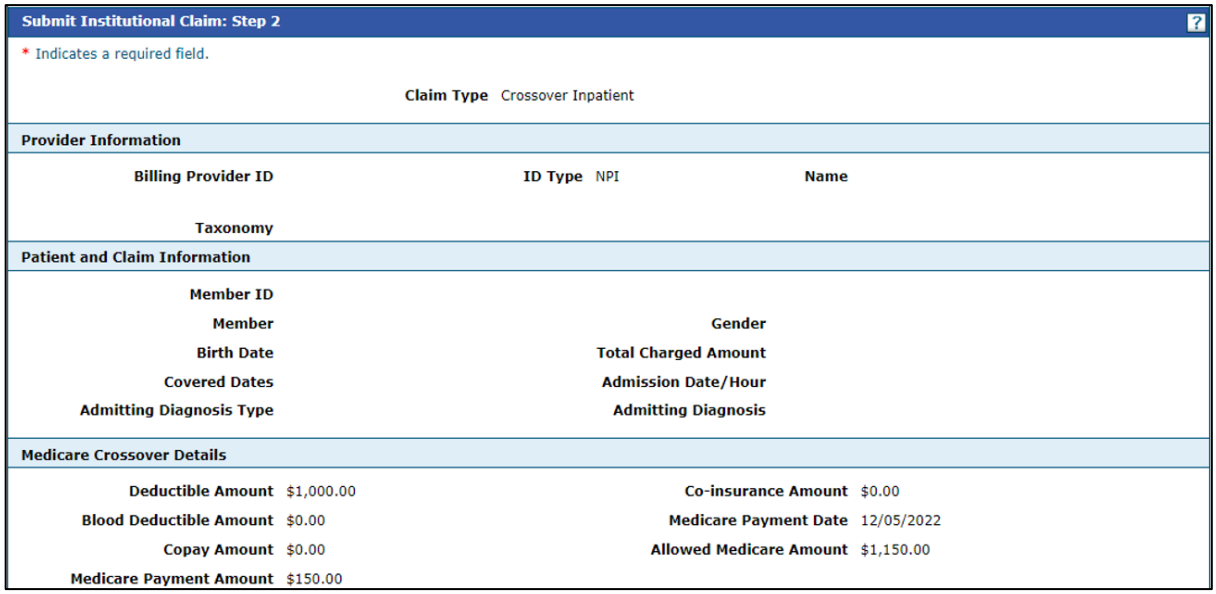
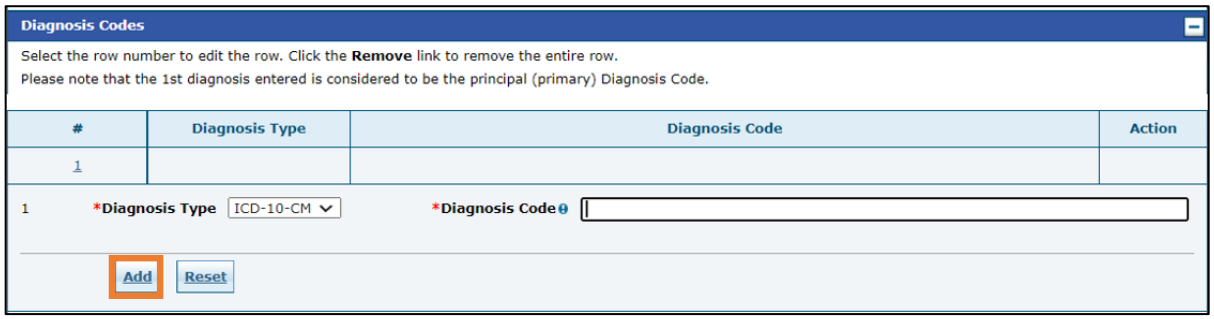
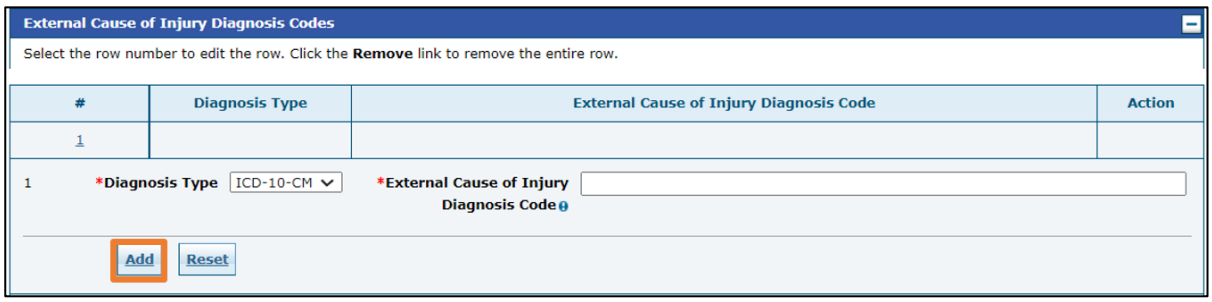
Steps	Description
Step 8	The Portal displays the “Submit Institutional Claim”: Step 2 page. The previous information entered in step 1 will display at the top of the page in step 2. • Review the previously submitted information and scroll down. 
Step 9	• Enter the **Diagnosis Code** then click **Add**. Repeat to add more than one Diagnosis code. Everything with a red asterisk * needs to be filled out and must be completed if the section is applicable to the claim. 
Step 10	• Enter the **External Cause of Injury Diagnosis Codes** if applicable and select **Add**. Everything with a red asterisk * must be completed if the section is applicable to the claim. 

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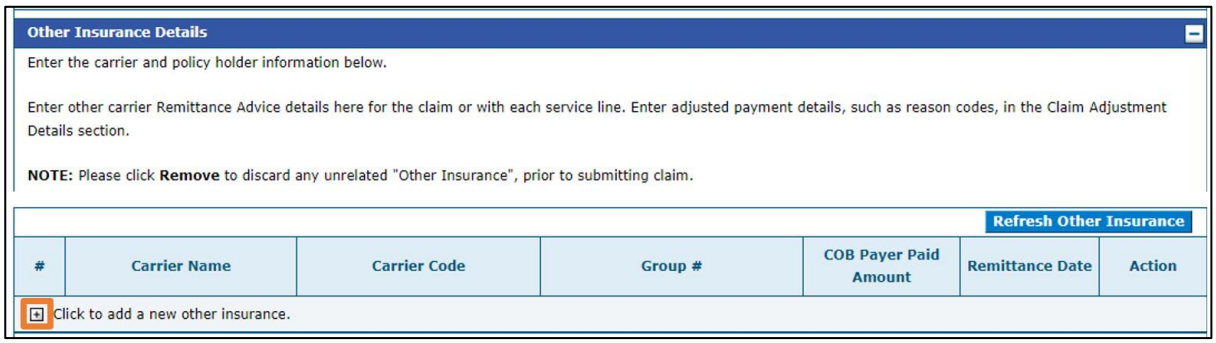
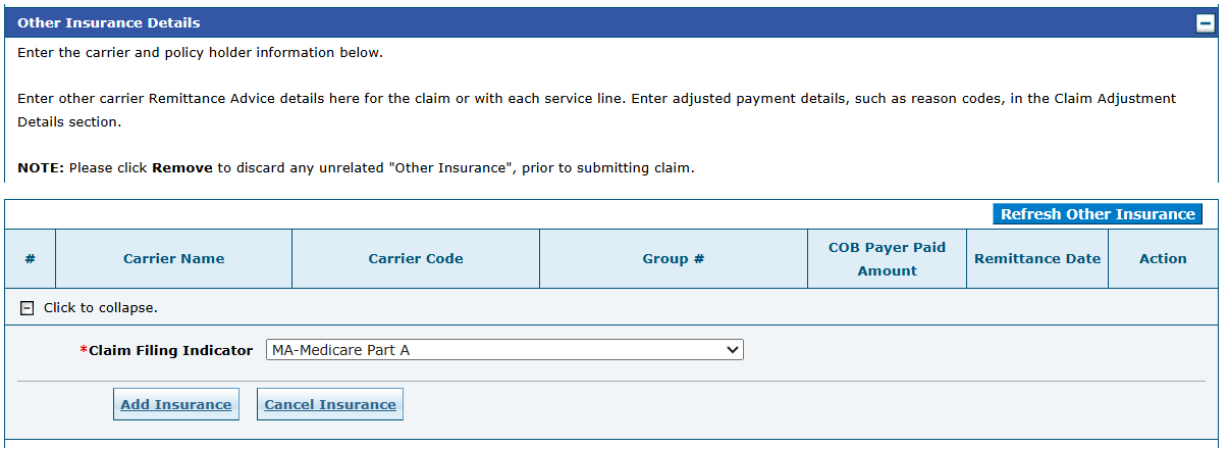
Steps	Description
Step 11	Scroll down to the **Other Insurance Detail** panel. **NOTE**: If there is other insurance information already populated that is out of date, click the **Remove** button under the **Action** column. • Select the **Plus Sign** to add any other insurance. Steps are shown below to add Medicare and other insurance outside of Medicare. 
Step 12	To add **Medicare Part A, B, or C** follow these steps. Using the **Claim Filing Indicator** dropdown, select **16 (Medicare Part C), MA (Medicare Part A), or MB (Medicare Part B**) No additional fields are necessary for these selections. • For this example, MB-Medicare Part A was selected from the **Claim Filing Indicator** dropdown. • Click **Add Insurance** to save the selection. • Other Insurance Details displays Medicare Part A on line #1. 

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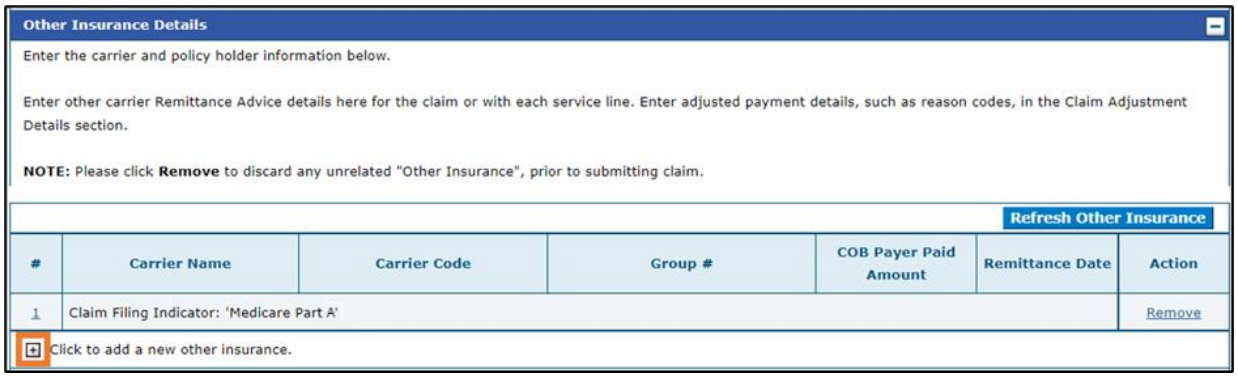
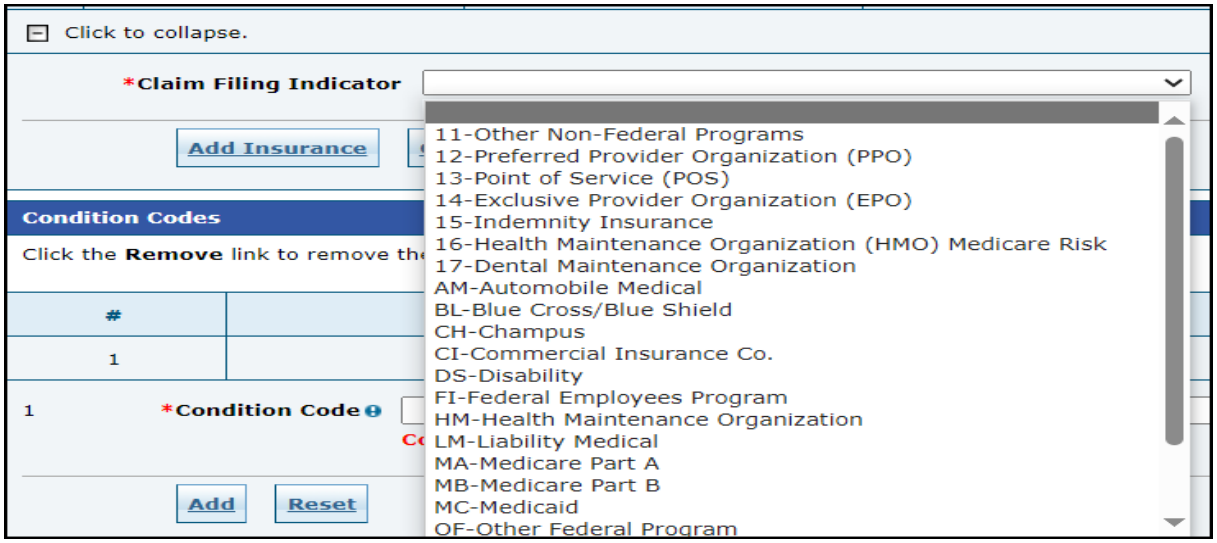
Steps	Description
Step 13	**To add another insurance, follow these steps.** • Select the **plus sign again.**  **Note:** If Medicare Part A or B, or 16 – Health Maintenance Organization (HMO) is entered, no additional information is necessary at this point. No additional fields are required.
Step 14	• If selecting insurance that is applicable from the **Claim Filing Indicator** list and is not one of the three listed in step 12, then additional fields will display once the selection is made. Those fields are for the insurance referenced by the Claim Filing Indicator for that line.  • Complete the additional other insurance fields. ○ Link to Carrier Codes **Scroll down to see all other insurance details panels.**

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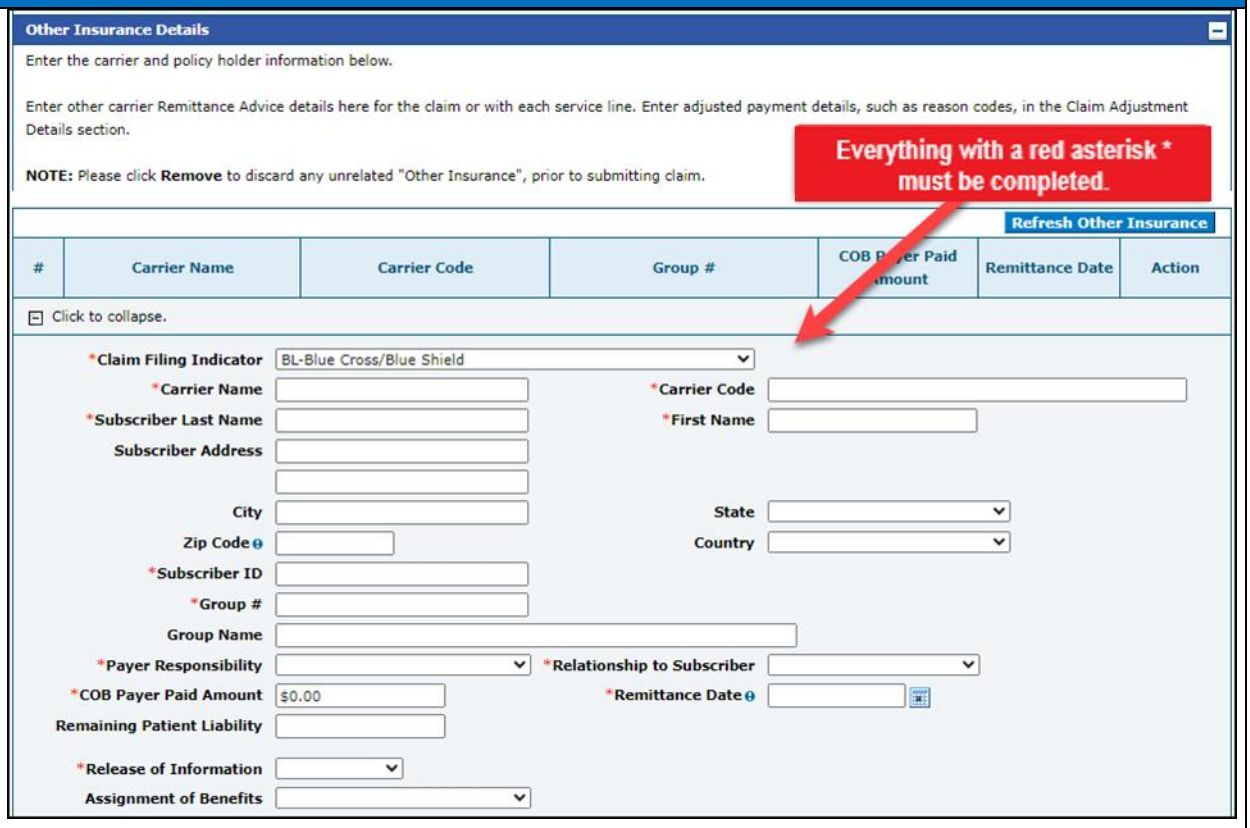
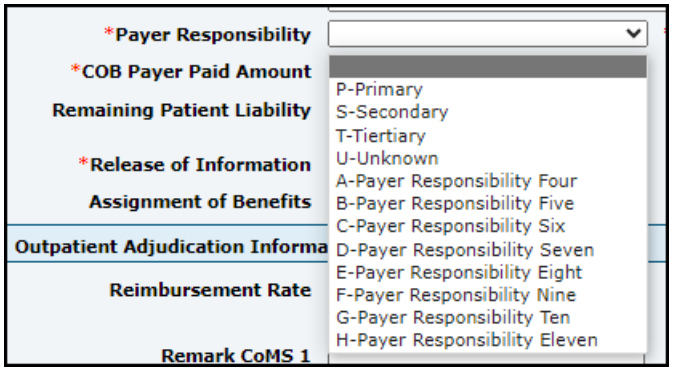
Steps	Description



- Select the appropriate Payor Responsibility. If not known, select Unknown.



- Complete sections **Outpatient Adjudication Information** and **Inpatient Adjudication Information** if applicable.

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

- Once all the information is entered click **Add Insurance**.

Scroll down to see all other insurance details panels.

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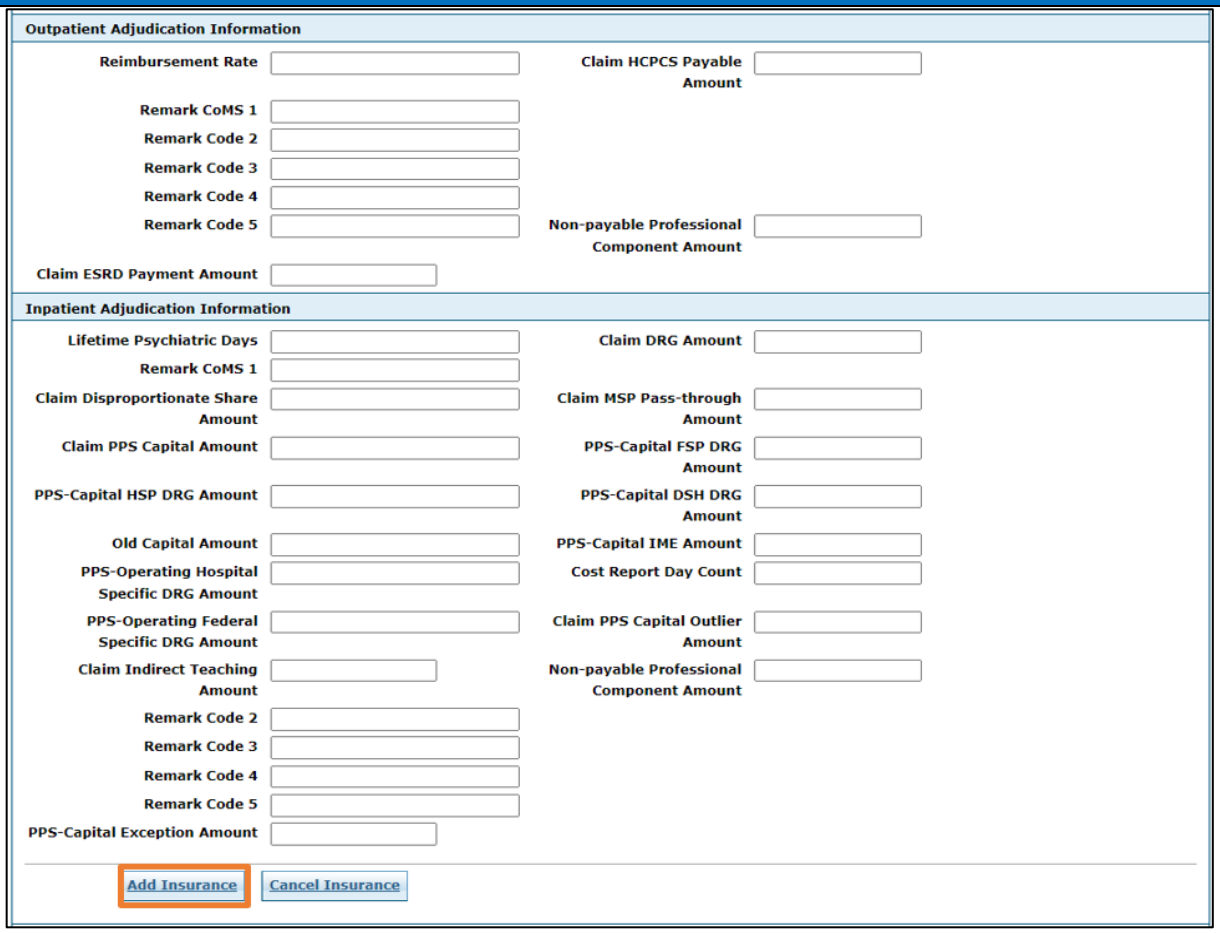
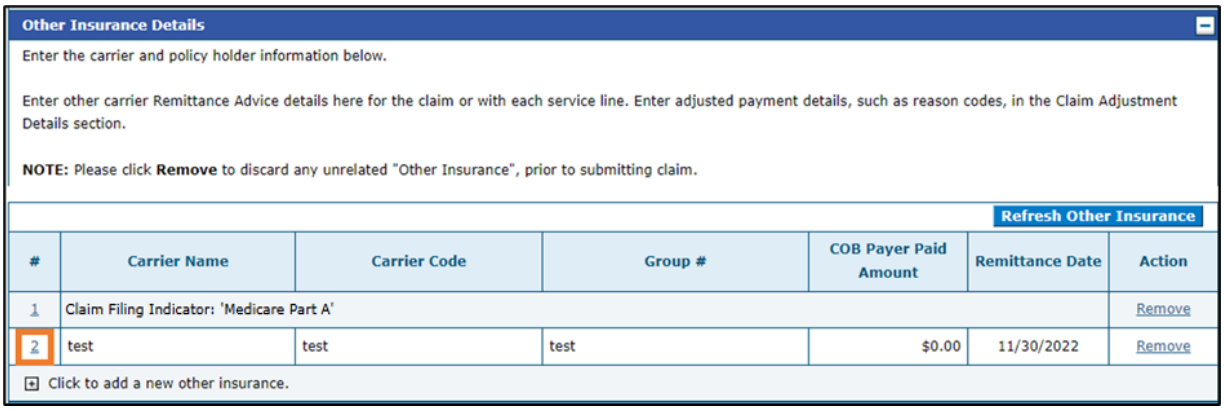
Steps	Description
	
Step 15	• After the other insurance has been added, select the number **hyperlink** to view the other insurance just added. **NOTE**: Users can only view the Other Insurance Reasons sub-panel if the Claim Filing Indicator is anything other than Medicare A, B, or C. *The user **MUST** click on the other insurance hyperlink after adding insurance to add additional information. 

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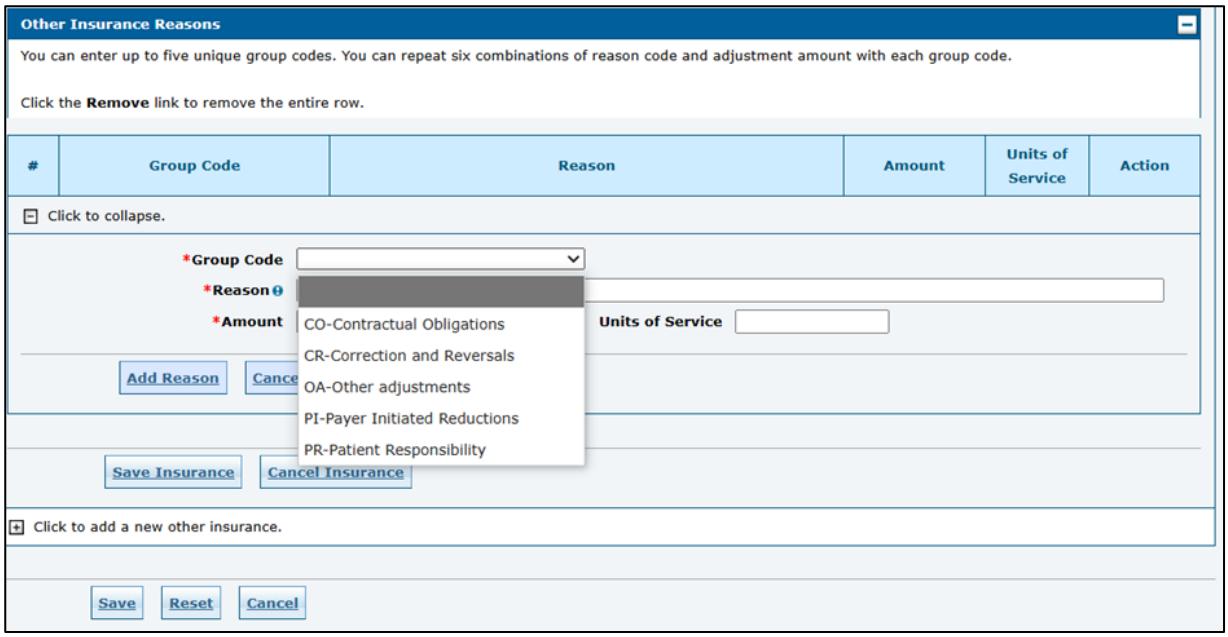
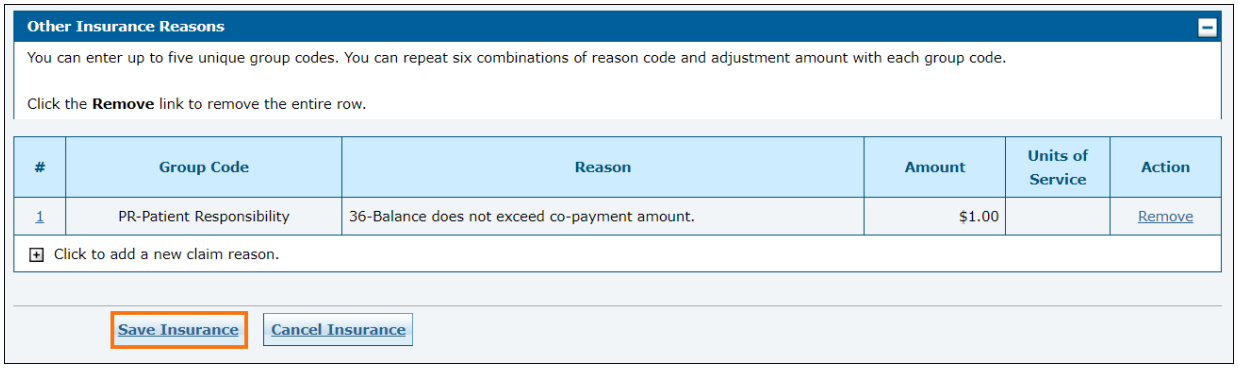
Steps	Description
Step 16	Scroll down to the **Other Insurance Reason** section. • Fill out the Other Insurance Reasons section. Everything with a red asterisk * must be completed if the section is applicable to the claim. • Select **Add Reason** to save the information to the reason.  • Once the **Other Insurance Reasons** are added select **Save Insurance** to move to the next section. 

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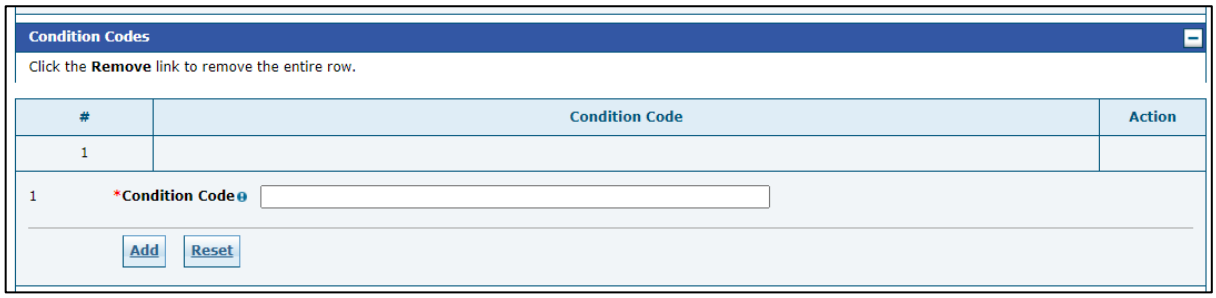
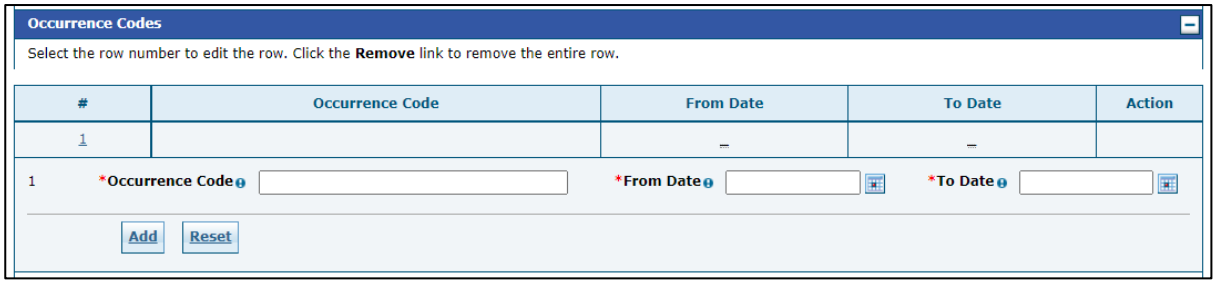
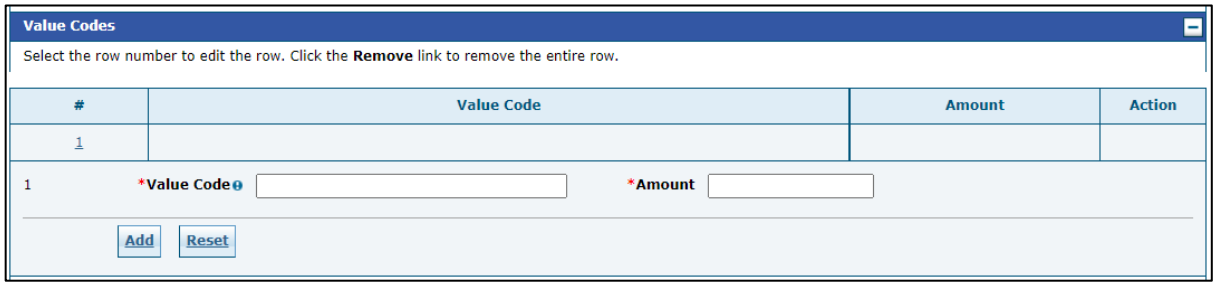
Steps	Description
Step 17	• Enter the **Condition Codes** information if applicable. Everything with a red asterisk * must be completed if the section is applicable to the claim. • Click **Add** to save the information. 
Step 18	Enter the **Occurrence Codes** information if applicable. Everything with a red asterisk * must be completed if the section is applicable to the claim. • Click **Add** to save the information. 
Step 19	Enter the **Value Codes** information if applicable. Everything with a red asterisk * must be completed if the section is applicable to the claim. • Click **Add** to save the information. 

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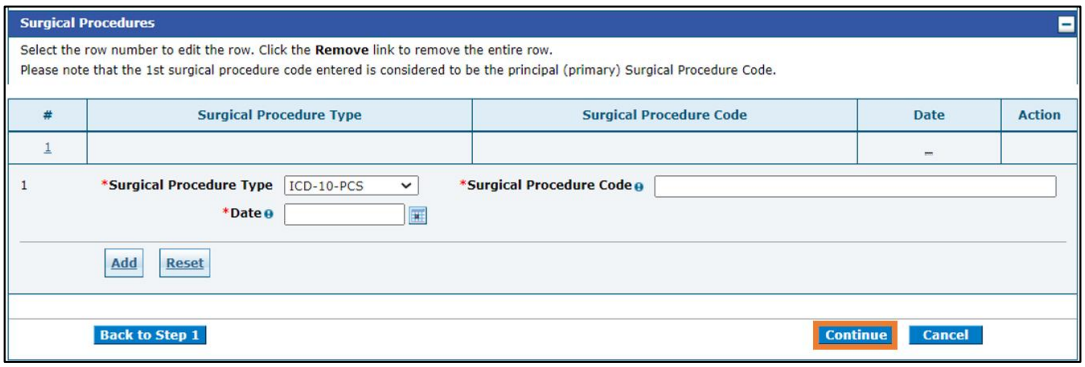
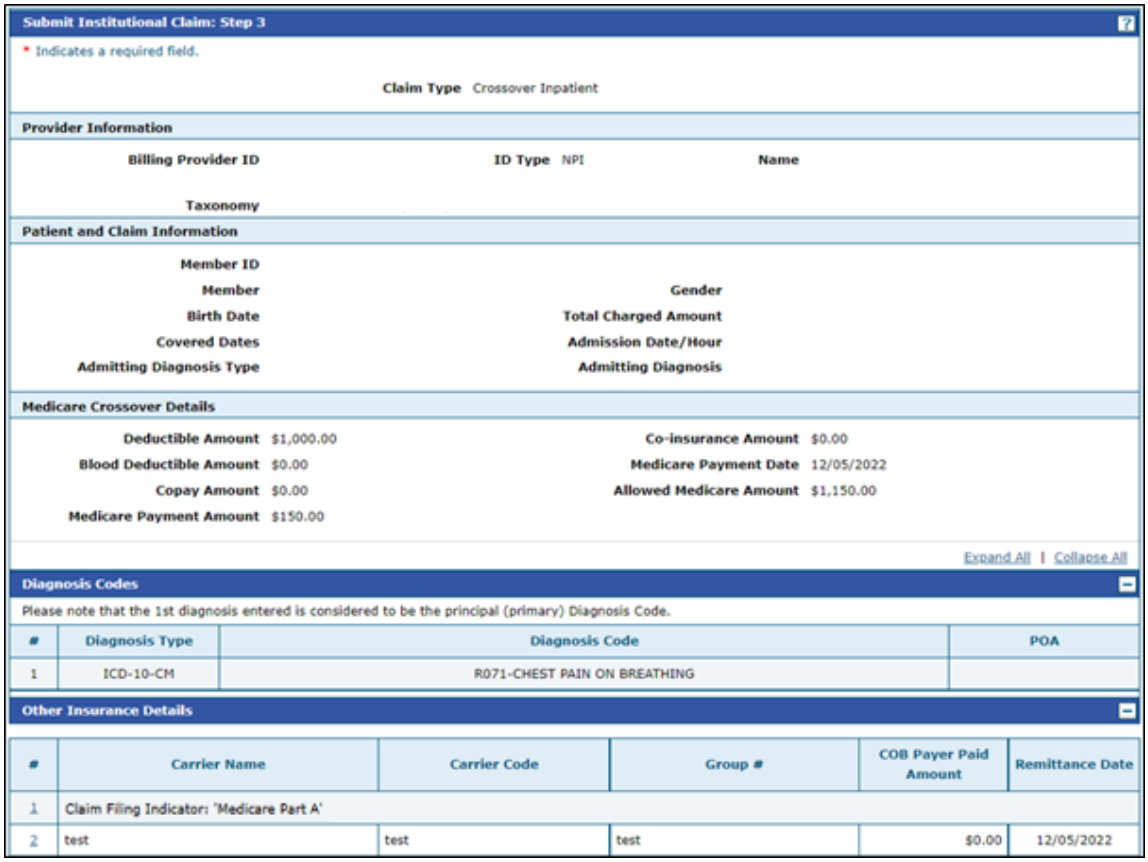
Steps	Description
Step 20	Enter the **Surgical Procedures** information if applicable. Everything with a red asterisk * must be completed if the section is applicable to the claim. • Click **Add** to save the information. • Review all sections on Submit Institutional Claim: Step 2 page. If all the information is correct click **Continue** to move on to Step 3. 
Step 21	The Portal displays the “Submit Institutional Claim”: Step 3 page. The previous information entered in step 1 and step 2 is displayed at the top of the page on step 3. • Scroll down to view the additional sections on this page. **NOTE**: Click the Plus and Minus for each section to expand and collapse the section. 

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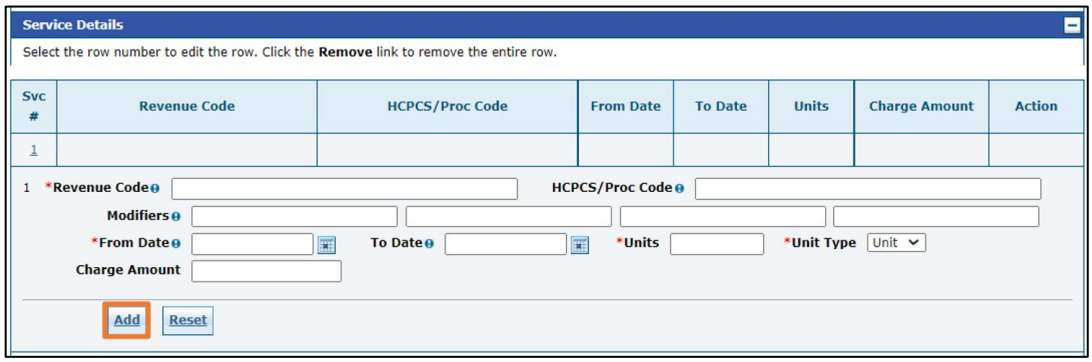
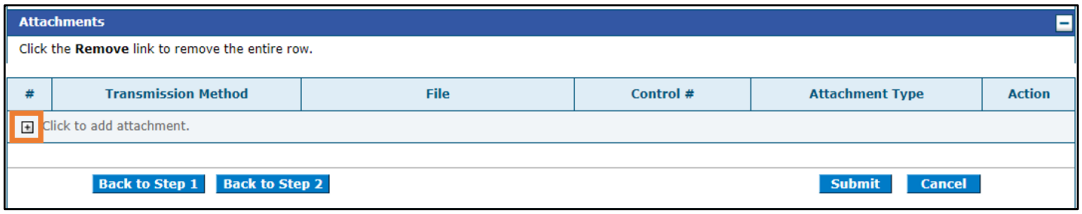
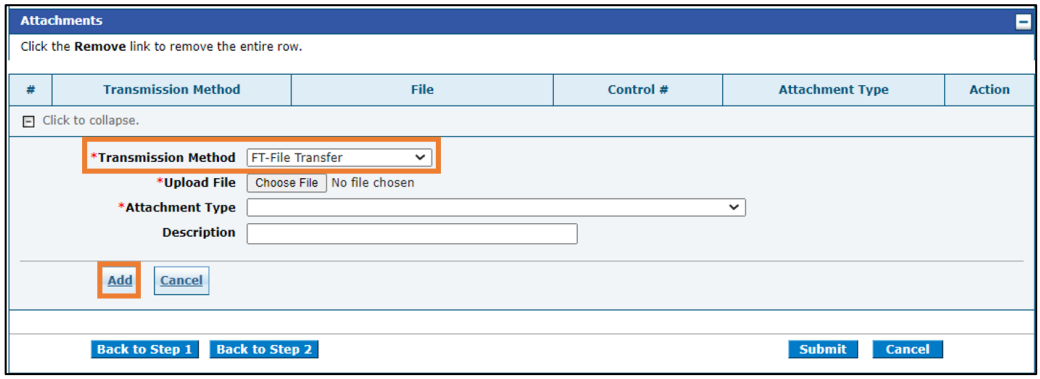
Steps	Description
Step 22	• Fill out the required information for the **Service Details** section. **The data entered must match the submitted EOMB or the system could deny.** ***Ex:*** *EOMB shows the member has a copay of $20. The* ***Copay field*** *must have $20 entered. If $20 is entered in the* ***Coinsurance field*** *that will cause the claim to deny.* ***Ex:*** *EOMB shows Medicare Payment Date of 10/01/2024 but the date entered was 09/30/2024. That will call the claim to deny,* • Once all information has been completed, click **Add**. 
Step 23	• Select the **plus sign** in the Attachments section to attach a copy of the EOMB. **Note:** Crossover Claims require the Explanation of Medicare Benefits (EOMB) to be attached. • If Other insurance information was added, then the Explanation of Benefits (EOB) for that carrier must be attached as well. • Attachments must be in PDF format. 
Step 24	• Select FT-File Transfer or NotSpecified-Not Specified from the **Transmission Method** dropdown. This selection affects the fields that display. • Complete the additional required fields for this section. Everything with a red asterisk * must be completed if the section is applicable to the claim.  • Select **Add** to save the attachment to the claim.

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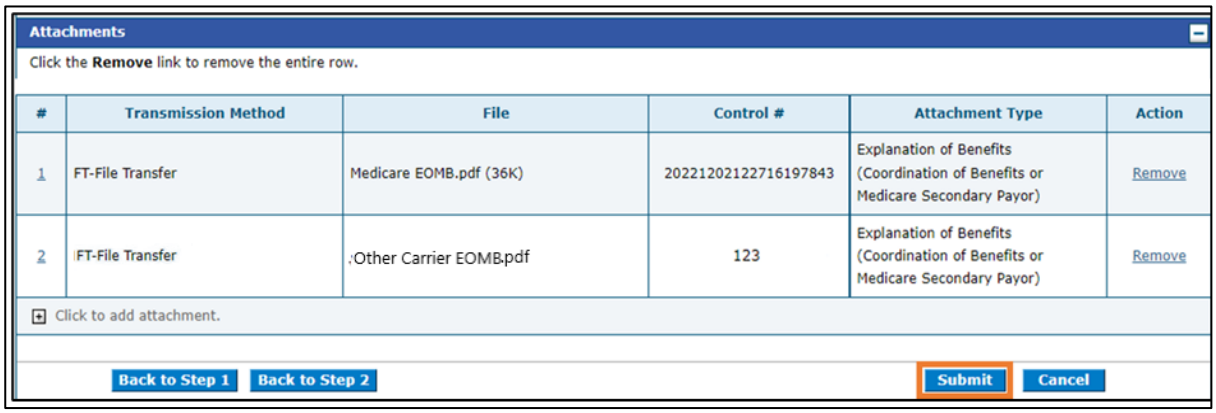
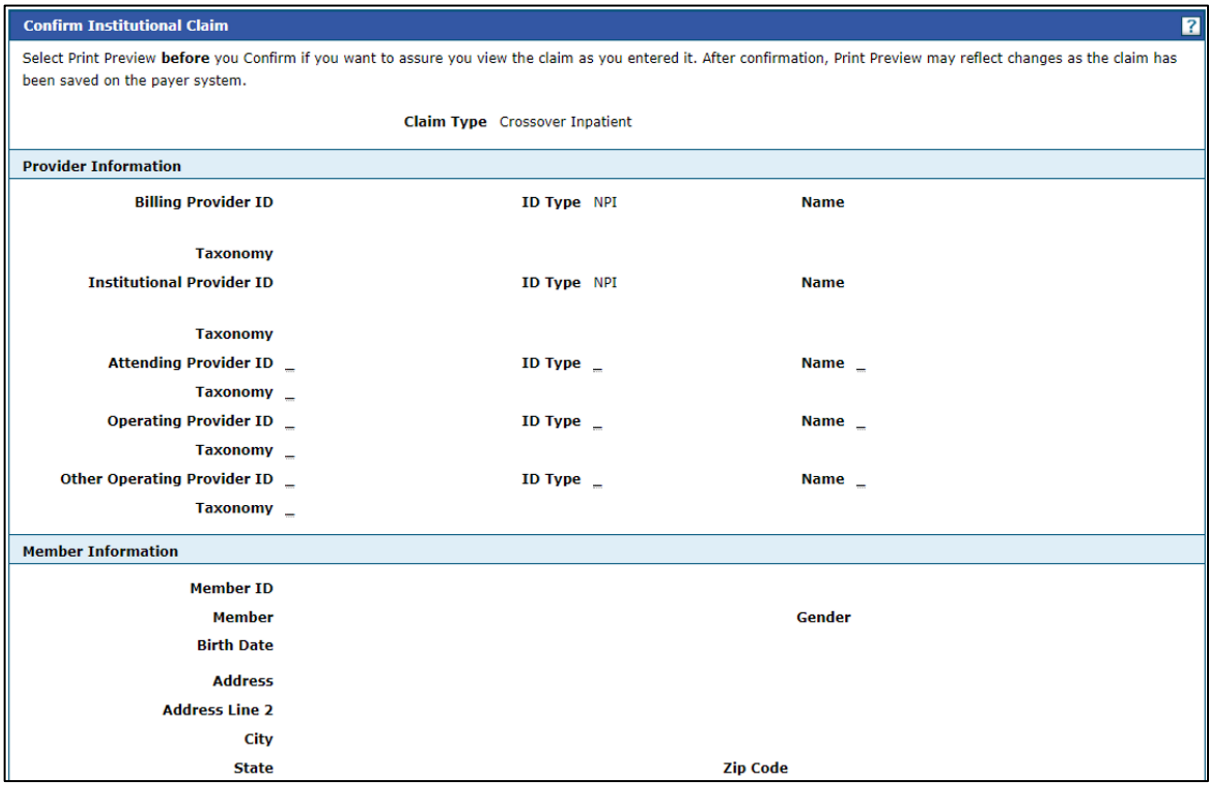
Steps	Description
Step 25	The attachments display in the Attachments section. • Review the information entered for Step 3 and click **Submit**. 
Step 26	The Portal takes the user to the **Confirm Institutional Claim** page. • Review all the information entered for this claim. Click the plus and minus to expand and collapse each section. Expand All and Collapse All to expand and collapse all the sections at once. **NOTE:** At the bottom of the page, select **Back** to Step 1, 2, or 3 to go back and edit the information entered for this claim. 

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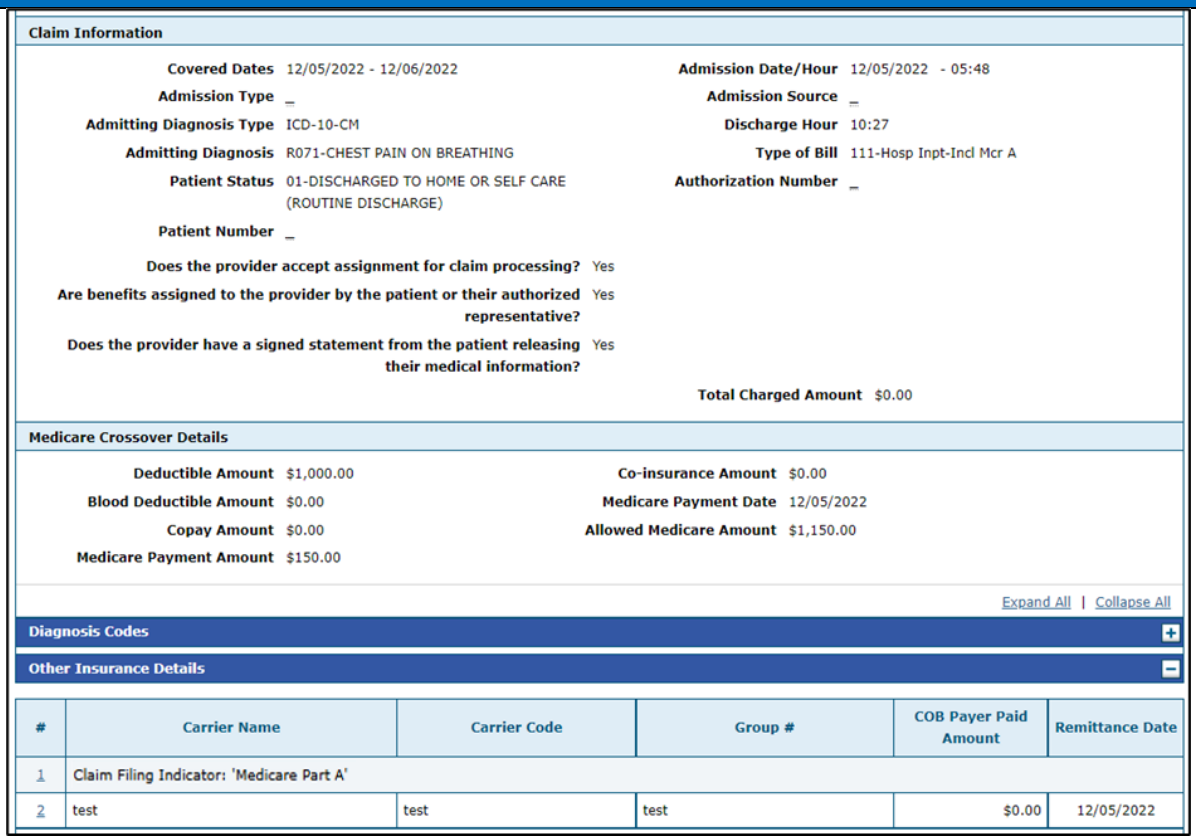
Steps	Description



Claim Information

Covered Dates	12/05/2022 - 12/06/2022	**Admission Date/Hour**	12/05/2022 - 05:48
Admission Type	_	**Admission Source**	_
Admitting Diagnosis Type	ICD-10-CM	**Discharge Hour**	10:27
Admitting Diagnosis	R071-CHEST PAIN ON BREATHING	**Type of Bill**	111-Hosp Inpt-Incl Mcr A
Patient Status	01-DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)	**Authorization Number**	_
Patient Number	_		

Does the provider accept assignment for claim processing?	Yes
Are benefits assigned to the provider by the patient or their authorized representative?	Yes
Does the provider have a signed statement from the patient releasing their medical information?	Yes
Total Charged Amount	$0.00

Medicare Crossover Details

Deductible Amount	$1,000.00	**Co-insurance Amount**	$0.00
Blood Deductible Amount	$0.00	**Medicare Payment Date**	12/05/2022
Copay Amount	$0.00	**Allowed Medicare Amount**	$1,150.00
Medicare Payment Amount	$150.00		

Expand All | Collapse All

Diagnosis Codes +

Other Insurance Details −

#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date
1	Claim Filing Indicator: 'Medicare Part A'				
2	test	test	test	$0.00	12/05/2022

Service Details −

Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount
1	123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC			12/05/2022	12/05/2022	4.000 Unit	$0.00

Attachments −

#	Transmission Method	File	Control #	Attachment Type
1	FT-File Transfer	Medicare EOMB.pdf (36K)	20221205152949448452	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)
2	FT-File Transfer	Other Carrier EOMB.pdf	123	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)

No External Cause of Injury Diagnosis Codes exist for this claim

No Patient Reason for Visit Diagnosis Codes exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

Back to Step 1 | Back to Step 2 | Back to Step 3 | Print Preview | Confirm | Cancel

- Once reviewing the claims information entered has been completed, click **Confirm** to confirm the claim submission.

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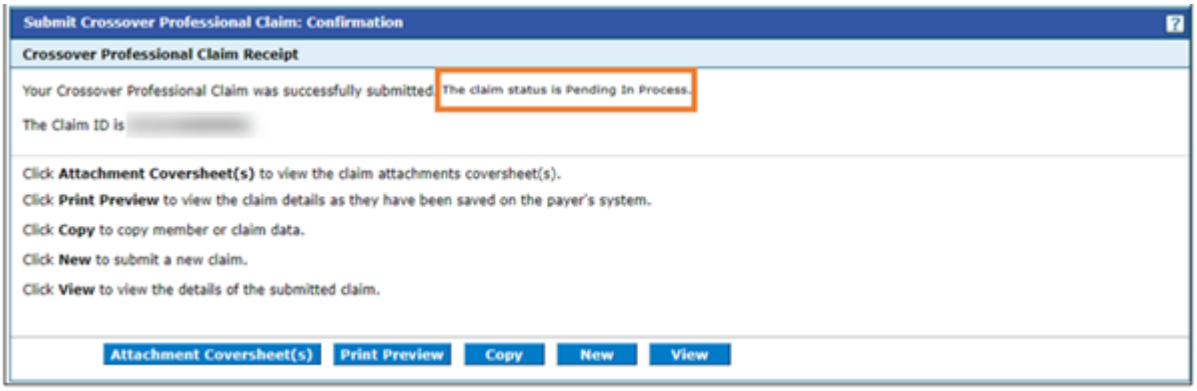
Steps	Description
Step 29	The Portal returns the **Submit Crossover Inpatient Claim: Confirmation page**. **NOTE:** The confirmation page displays. **ALL** Crossover claims go to a **PENDING** status to verify the EOMB. 

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Change History

The following change history log contains a record of changes made to this document:

Version #	Published/ Revised	Author	Section/Nature of Change
1.0	12/12/2022	Gainwell	Initial publication
1.1	12/06/2023	Gainwell	Updated portal access to inactive providers date of termination based on CR 2278.
1.2	04/19/2024	Gainwell	Updated an image and some verbiage in steps 6, 14, 15,16, 23 and 24.
1.3	08/13/2024	Gainwell	Updated the Other Insurance information for clearer instructions.
1.4	11/13/2024	Gainwell	Added tips to the introduction.
1.5	04/04/2025	Gainwell	Updated steps per Claims Resolution feedback

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