

DSS-4357EL

WGIUPD

GENERAL INFORMATION SYSTEM

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DIVISION: Office of Medicaid Management

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TO: Commissioners, Medical Assistance Staff, and Third Party Resource Workers

FROM: Betty Rice, Director, Division of Consumer and Local District Relations

SUBJECT: Review of Nursing Facilities by Contracted Services

EFFECTIVE DATE: Immediately

CONTACT PERSON: Phil Seward, Bureau of Third Party Liability
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The purpose of this GIS is to notify local Departments of Social Services (LDSS's) of the initiation of a project reviewing Nursing Facilities' claims by the Office of Medicaid Management's (OMM) contractor, Health Management Systems, Inc. (HMS).

Under the Department of Health's (DOH) current contract for Medicare revenue recovery, HMS has identified a universe of SNF inpatient claims paid by Medicaid, whose service may be eligible for payment by the Medicare program. The review involves two types of Medicare recovery situations:

1. New Medicare Eligibility - HMS has identified dually eligible Medicaid/Medicare recipients and linked the newly identified coverage to Medicare covered services.
2. Coordination of Benefits for dually eligible Medicare/Medicaid recipients-HMS has identified where Medicare and Medicaid have already reimbursed the provider for the same service, and Medicaid paid in excess of its liability.

HMS mailed notification to the providers in October, outlining the process and asking the provider to review and submit these claims to the Medicare Fiscal Intermediary by a due date. The contractor (via the MMIS void and adjustment process) will initiate recoveries after a fixed time period, unless the provider submits documentation substantiating why the recoupment should not take place (i.e., Medicare denial).

There is no action required by the LDSS's for this project and local district shares recovered will be credited back to the district as a result of the void and adjustment process.