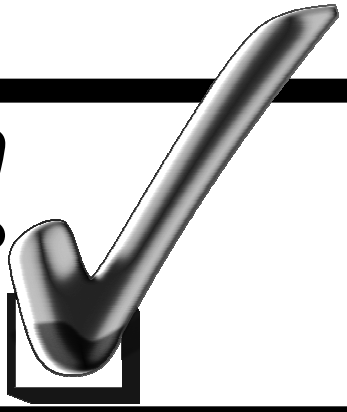
IMPORTANT!

Molina Provider News:



Crossover Claims Tip Sheet

Third party liability (TPL) is the obligation of any entity other than Medicaid or the recipient to pay all or part of the cost of the recipient's medical care. If the recipient has other coverage through a TPL source, the provider must bill the TPL source prior to billing Medicaid.

If the amount of the third-party payment meets or exceeds the Medicaid fee for the service, Medicaid will not reimburse for the service. If the third-party payment amount is less than the Medicaid fee, Medicaid will reimburse the difference between the Medicaid fee and the third-party payment minus any Medicaid copayment or coinsurance. If a third-party source, such as an insurance company, pays a provider who has already been paid by Medicaid, the provider must adjust or void the claim to debit the Medicaid payment.

A dual-eligible Medicare and Medicaid recipient is required to pay Medicaid copayments and coinsurance, unless the recipient is otherwise exempt. The Medicaid copayment and coinsurance applies to services that will be billed first to Medicare and then crossover to Medicaid for payment of the Medicare deductibles and coinsurances.

To receive crossover payments, a provider must be enrolled in Medicaid and have his Medicare identification number on file with Medicaid. A provider who is already enrolled in Medicaid can request his Medicare ID be cross-referenced by submitting a written request to Medicaid's fiscal agent at:

Florida Medicaid Provider Enrollment
P. O. Box 7070
Tallahassee, Florida 32314-7070

Prior Authorization
The provider must inquire if a service to be rendered needs approval from a third-party source and obtain approval if needed. Failure to obtain required third party prior approval is not sufficient cause for Medicaid to pay the provider's claim.

Claims
Submission
Whether the third party paid or denied the claim, the provider must attach the following documents in the order listed to Medicaid or the claim will deny:

- Crossover with TPL Claim and/or Adjustment form;
- Medicare Part C Crossover Claim Form if indicated;
- Claim form;
- Medicare's Explanation of Benefit; and
- Third party's remittance advice, EOB, or denial letter.

When **Medicare** (not Medicare Advantage) is primary:

- ✓ Do not submit a claim to the Medicaid plan. Medicare will send the crossover claim directly to the Medicaid plan.
- ✓ The Medicaid plan will review the coordination of benefits rules and process any amounts due.

When **Medicare Advantage** is primary:

- ✓ Submit the claim to the Medicare Advantage plan first
- ✓ Then submit the claim with remittance from the primary Medicare Advantage plan to the Medicaid plan
- ✓ The Medicaid plan will review the coordination of benefits rules and process any amounts due.

The provider may submit a crossover claim to Medicaid by paper claim or electronically when:

- ✓ Medicaid is still liable for a portion of the claim;
- ✓ There is no automated crossover arrangement with the carrier;
- ✓ The carrier did not forward the claim to Medicaid;
- ✓ It has been over 45 days from Medicare's payment and no remittance has been received from Medicaid;
- ✓ Medicare adjusted or voided the claim; or
- ✓ The recipient has an additional third-party payer.

Crossover claims and attachments should be submitted to:

CMS-1500 Crossovers
P. O. Box 7074
Tallahassee, Florida 32314-7074

UB-04 Crossovers
P.O. Box 7074
Tallahassee, Florida 32314-7074

If the claim did not crossover electronically, providers may submit the claim via clearinghouse (Payer ID 51062) and enter primary payer payment information to the COB segment on the 837 or send a paper claim with remittance to Molina Healthcare at:

Molina Healthcare
PO Box 22812
Long Beach, CA 90801

Note: See the Medicaid Provider Reimbursement Handbook at www.mymedicaid-Florida.com for instructions on completing claim forms that involve a TPL payment.

Timely Filing

When Molina is secondary, claims, whether paper or electronic, must be submitted within 90 days from the final determination by the primary insurance carrier. If Medicare is the primary carrier, claims must be submitted to Molina within 36 months from discharge or one (1) year from Medicare's determination, whichever is later.

Reimbursement

Refer to the Medicaid Fee Schedule to determine if the procedure code is covered by Medicaid and, if yes, to obtain the Medicaid fee. Subtract Medicare's payment from the Medicaid fee. If the remainder is negative, Medicaid will not pay the crossover claim. If the remainder is positive, Medicaid pays the lesser of the coinsurance plus deductible or the Medicaid fee minus the Medicaid copayment.

The Medicaid fee schedules are available on the Medicaid fiscal agent's Web site at www.mymedicaid-florida.com: Select Public Information for Providers, then Provider Support, and then Fee Schedules.

Medicaid will **not** pay a crossover claim if:

- The primary payor has paid the claim in an amount that equals or exceeds Medicaid's fee for the specified service;
- The combined amount received from Medicare and any other third party exceeds Medicaid's fee for the service;
- The Medicaid program limitations for the service have already been met for a recipient who has no QMB coverage and who is not eligible for supplemental Security Income;
- Both Medicare and Medicaid cover the service, and Medicare has determined that the service is not medically necessary. If Medicare determines that a service that Medicaid also covers is not medically necessary, it is also considered to be not medically necessary by Medicaid. This does not apply to services that Medicare does not cover, but Medicaid covers such as dental care;
- The recipient is eligible as SLMB only or QI1 only.

For additional information, please visit the resources listed below and our website at www.molinahealthcare.com.

Thank you for your continued care to our Members!

Molina Healthcare of Florida

Provider Resources

Medicaid Provider General Handbook
https://ahca.myflorida.com/medicaid/review/General/59G_5020_Provider_General_REQUIREMENTS.pdf
Medicaid Provider Handbook, Coverage Policies, and Fee Schedules
https://ahca.myflorida.com/medicaid/review/Promulgated.shtml