ATTENTION PROVIDERS/SUBMITTERS—MEDICARE AND MEDICAID ADVANTAGE FILING GUIDELINES

A recent review of claims for either dual eligible Medicare Medicaid recipients and/or QMB only recipients revealed many claim filing errors. To help reduce the number of denied claims or rejected claim files, you should follow the guidelines listed below:

- Some claims for dual eligible recipients are being submitted electronically as fee for service Medicaid claims. Submitters must not add claims with Medicare Coverage indicated into a 837P file with file extension of **.PHY.**

- Claims for dual eligible recipients for coinsurance/deductible consideration should not be sent to Molina **UNLESS** the claim has failed to crossover from Medicare. If that is the situation, then the claim **MUST** be filed HARDCOPY with Medicare EOBs and not submitted electronically. Same guidelines apply when adjusting Medicare claims.

- Claims for dual eligible recipients with Medicare Advantage coverage can be filed electronically however there are special requirements for the layout of these files. Providers must work with their clearinghouse or submitter to ensure that the correct procedures are being followed. Submitters should contact Molina EDI and arrange for testing prior to sending such claims to Production. Refer to articles on lamedicaid.com dated 1/31/18 and 4/24/18 for additional details. The 837 Companion Guides have Medicare Advantage claim examples included.

- Claims for dual eligible recipients with **denials** for certain services not covered under traditional Medicare Part B coverage may be filed electronically as fee for service claims. The Medicare denial reason(s) must meet criteria established by LDH as there are some exceptions . Refer to previous articles on lamedicaid.com dated 5/16/17 and 1/31/18 for details on how to file this type claim.