

March 1, 2009

Montana Healthcare Programs Notice

All Providers

Timely Filing for Medicare Crossovers

When a Medicaid client is determined retroactively eligible for or discovered to have Medicare the Department is required to credit payments made to providers on behalf of that client back to the date of eligibility. Providers must bill Medicare for payment or denial prior to Medicaid processing of the claim. The following change will be made to provider manuals to accommodate this action:

Timely Filing Limits (ARM 37.85.406)

Providers must submit clean claims to Medicaid within the latest of

- 12 months from whichever is later:
 - the date of service
 - the date retroactive Medicaid eligibility or disability is determined
- For claims involving Medicare or TPL, if the 12-month time limit has passed, providers must submit clean claims to Medicaid within:
 - *Medicare crossover claims*: Six months from the date on the Medicare explanation of benefits (if the Medicare claim was timely filed and the client was eligible for Medicare at the time the Medicare claim was filed).
 - *Claims involving other third party payers (excluding Medicare)*: Six months from the date on an adjustment notice from a third party payer who has previously processed the claim for the same service, and the adjustment notice is dated after the periods described above.

Clean claims are claims that can be processed without additional information or documentation from or action by the provider. The submission date is defined as the date the claim was received by the Department or the claims processing contractor. All errors and problems with claims must be resolved within the timeframes shown above.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://www.mtmedicaid.org>