



Attention Providers Billing TPL Claims and Paper Medicare Crossover Claims:

It has come to our attention that providers who submit TPL claims and paper Medicare Crossover claims to Medicaid are sending copies of primary payer EOBs and/or Medicare EOBs that are unclear and/or have been reduced to a print much smaller than the original document. This is causing issues with reading the information in order to process the claims correctly. Please ensure that you are following required guidelines to ensure that TPL and Medicare claims are handled properly and efficiently:

- EOBs must be clean, clear copies of the original EOB.
- If unusual circumstances occur where it is necessary to reduce the size of the EOB, the information must still be large enough and clear enough to easily read.
- The explanation page for payment/denial codes must be included, and any remarks/comments from the insurance company must be attached and legible.
- An EOB must be attached to each claim form when multiple claims are sent.
- Providers must submit EOBs with all the needed information. Claim status printouts or copies of payment registers from the primary payer will not be acceptable if they do not contain and clearly display all the required information/codes/descriptions for Medicaid to process the claim. These claims will be rejected without entering the system if the required information is not present.

Please use these guidelines when sending TPL claims and when it is necessary to submit a paper claim to Medicaid for processing a Medicare Crossover claim. Remember, paper Medicare Crossover claims should be submitted **ONLY** when the claim does not cross electronically from Medicare.