



**Attention Providers That Submit Professional Crossover Claims  
Paper Crossover Claims Paid In Error**

Claims for recipients who have Medicare and Medicaid coverage must be filed with the Medicare fiscal intermediary within 12 months of the date of service in order to meet Medicaid's timely filing regulations. Claims which fail to cross over electronically from Medicare must be submitted hard copy to Medicaid within six months from the date on the Medicare Explanation of Medicare Benefits (EOMB), provided that they were filed with Medicare within one year from the date of service. This policy is stated in the General Information and Administration Provider Manual – General Claims Filing Section, found at [www.lamedicaid.com](http://www.lamedicaid.com), directory link - Provider Manuals.

Due to a system calculation error, the dates for this timely filing edit (971 – Claim Exceeds Filing Limit Coins/Deduct) were not being correctly edited for Professional Crossover Claims that were submitted to Medicaid as paper claims. Claims that did not meet the filing requirement based on the Medicare EOB that was submitted with the claim that paid, but were paid due to this calculation error, have been identified and are being systematically voided on the 10/22/13 RA.

Providers should not resubmit any of these claims unless appropriate documentation supporting timely filing can be submitted with the claim. The documentation originally submitted with the claim DOES NOT support timely filing. If providers have claims for which they can produce documentation that supports timely filing, they should resubmit (1) the claim, (2) the Medicare EOB, (3) the Molina RA that supports the claim being filed timely (within 1 year from date of service and/or 6 months from the Medicare EOB payment date), (4) the Molina RA with the voided claim, and (5) a letter of explanation to: Molina Provider Relations. Attn: Correspondence Unit, P.O. Box 91024, Baton Rouge, LA 70821. If the dates of service are over two years old, any reconsideration of these claims will be sent from Molina to DHH for approval.