



April 2019: Focus on Medicare Crossover Claims & Coinsurance Billing

How to Process Medicare Crossover Payments or Coordinate Medicare Advantage Payments for Florida Community Care (FCC) members.

If the FCC member has Medicare (not Medicare Advantage) as primary, then as a provider you do not need to submit a claim to Florida Community Care. We will automatically receive the claim as a crossover claim from Medicare directly. Once we have received the crossover claim, we will review the coordination of benefit rules and process any amounts due to you as a provider.

If the FCC member has a Medicare Advantage plan as primary, FCC would be the secondary payer. As a provider you are required to submit the claim to the respective Medicare Advantage plan first and then submit your Claim with Remittance from the primary Medicare plan to Florida Community Care. You can submit the Claim electronically and enter the primary payer payment information to the COB segment on the 837; or send a Paper Claim with the Remittance to FCC at:

Florida Community Care
Attn: Claims
P.O. Box 211322
Eagan, MN 55121

Please remember that Medicaid is secondary and will generally not pay more than the Medicaid allowable. Therefore, if Medicare, or a Medicare Advantage Plan has paid greater than the Medicaid allowable, then no secondary payment is due to a provider, pursuant to Florida Administrative Code 59G-1.052(8)(b)1.

Please follow the Medicare and Medicaid guidelines for Coinsurance Billing.

If you have any questions, please call the Provider Services Department at **1-833-322-7526 option 5**.

Thank you for partnering with Florida Community Care!