## Provider Bulletin: Reducing Duplicate Claims

One of the most common type of claim denial occurs when a provider submits an exact duplicate of a claim already submitted.

Two common duplicate claims submissions are the following.

1. **Duplicative claim submission prior to receiving final disposition of the first claim**

   Provider practices often generate duplicate bills for unresolved charges which may still be in processing. If you have submitted a claim, you can access and validate submission, receipt, and processing on our Provider Portal (accessed at www.fcchealthplan.com) prior to submitting a duplicate of the claim.

2. **Medicare Crossover (Medicare primary) claims**

   Florida Community Care contracts with the Florida Agency for Health Care Administration and CMS / Medicare to receive provider bills when Medicare is primary. This collaboration does not create additional work for providers and assures the provider's practice that all claims processed under Medicare as primary, for FCC members, are subsequently sent directly to FCC for secondary insurance processing. As a result, for Fee-For-Service Medicare beneficiaries, provider offices are not required to bill FCC, as we will receive the Crossover claim electronically from Medicare. If you submit these claims directly to FCC, this can result in a denial for duplicate claim submission. Again, you can access your claims on our Provider Portal to determine if the claim in question is already submitted.

**Thank you for choosing to partner with Florida Community Care!**