



January 11, 2018

## Medicare Secondary Claims Process Improvement

We are pleased to announce a new process that will significantly reduce provider billing activity for Medicare secondary claims and improve your claims payment of secondary claims with Well Sense Health Plan.

*Effective January 22, 2018, Well Sense will receive the Medicare Crossover File directly from the Medicare Clearinghouse. Medicare claims for Well Sense dually eligible members will automatically be sent to us, and providers no longer will have to submit Medicare secondary claims to us. Claims for our behavioral health and durable medical equipment vendors also will transfer from Well Sense to the vendors directly. Please note that we will not be receiving adjusted claims by this method; you should continue to submit adjusted Medicare claims to us directly.*

**Please do not bill Well Sense Health Plan directly for any Medicare secondary balance claims as of January 22, 2018 because it will result in duplicate claim submissions.**

Providers will continue to receive a remittance advice from DHHS and will need to continue to reconcile with the remittance advice.

There are no changes to Well Sense Health Plan's COB policies. Note that our Plan policies may differ from the policies of DHHS.

This does not affect your commercial COB Claims billing. We remind and encourage you to submit claims for commercial COB electronically using electronic data interchange (EDI). Compared to paper claims, submitting electronic claims provides many important benefits, including faster claim turnaround, quicker payments, fewer keying errors, reduced administrative costs for mailings, and quicker notification of rejected claims.

Please contact our Provider Services department at 877-957-1300, option 3, if you have any questions.