



April 12, 2018

## Electronic Medicare Crossover Claims

Effective Monday, April 9, 2018, providers billing Medicare/Medi-Cal crossover professional claims via the CMS 1500 form or 837 professional standard format are no longer, in most instances, required to submit hard copy or EDI crossover claims for dates of service on or after October 1, 2016. This change is automatic and no action is required from providers.

As directed by the Department of Health Care Services (DHCS), the Alliance has entered into a Coordination of Benefits Agreement (COBA) with the Centers for Medicare and Medicaid Services (CMS) to facilitate the automatic processing of electronic Medicare/Medi-Cal crossover claims. The new process interfaces directly with Medicare through the Benefits Coordination & Recovery Center (BCRC) and will introduce a number of efficiencies:

- \* Ensures data quality and accuracy
- \* Eliminates paper claim submission
- \* Decreases claim processing turnaround time
- \* Standardizes a processing methodology used by the National Medicare Community
- \* Reduces crossover data for processing Medicare secondary claims to a single source from the BCRC
- \* Simplifies and consolidates the claims crossover process, thereby reducing billing errors

Please note the following scenarios, which will still require hard copy claim submission to the Alliance:

- \* The entire claim (all claim lines) is denied by Medicare
- \* The date of service is prior to October 1st, 2016

For additional information, please contact a Provider Services Representative at (800) 700-3874 ext. 5504.