CROSSOVER BILLING TOOLKIT FOR MEDICARE PROVIDERS SERVING PEOPLE WITH BOTH MEDICARE AND MEDI-CAL
OCTOBER 2023
ALAMEDA, CONTRA COSTA, AND SAN FRANCISCO COUNTIES

WHAT MEDI-CAL MANAGED CARE MEANS FOR YOU AND YOUR PATIENTS

Whether you see patients under Original Medicare (fee-for-service) or Medicare Advantage (MA) plans, this toolkit is designed to give physicians like you information about Medi-Cal managed care changes in 2023, for your patients with both Medicare and Medi-Cal. This toolkit includes information on:

- Transition to Medi-Cal Managed Care
- Billing Processes: How Medicare billing works under Medi-Cal managed care and how to submit crossover claims to Medi-Cal plans for Medicare patients

Patients receiving notices about Medi-Cal will turn to you as a trusted advisor. We thank you for helping your patients understand the facts about enrollment in a Medi-Cal managed care plan.

More information is available on the DHCS website at this page.
You can email OMII@dhcs.ca.gov with any questions.

TRANSITION TO MEDI-CAL MANAGED CARE

In January and February 2023 dual eligible beneficiaries (people with Medicare and Medi-Cal) in all counties are required to enroll in Medi-Cal managed care plans. Medi-Cal plans are assuming the role previously performed by the state in some counties in the administration of Medi-Cal benefits, including payment of Medicare copays and deductibles. Medi-Cal plans are responsible for any reimbursement physicians previously received from the state for Medicare cost sharing.

While physicians do not need to be contracted with the Medi-Cal plan's network to receive reimbursement for any Medicare cost sharing, the physician must be registered as an active Medi-Cal provider, or submit an application to receive reimbursement as a "Crossover Only" provider through the DHCS PAVE Provider Portal. Usually, because of state law and Medi-Cal reimbursement rates, the state or the Medi-Cal plan will not be required to pay anything.

Patients must join a Medi-Cal plan for their Medi-Cal benefits (i.e., long-term care, Medicare copays) but will not receive physician services through their Medi-Cal plan. Their Medi-Cal plan does not authorize physician services. The Medi-Cal plan will not assign a primary care physician to a patient who is dually eligible for Medicare and Medi-Cal.

Physician services for dual eligibles are the responsibility of Medicare, not Medi-Cal. It is a Medicare benefit paid primarily under the Medicare fee schedule.

Medi-Cal is responsible for services and supports not covered under Medicare, including Medicare cost sharing, as well as some long-term care, durable medical equipment, and other services and supports. The only role Medi-Cal managed care plans have with respect to physician services for dual eligibles who remain in Original Medicare (fee-for-service) is to adjudicate the payment of crossover claims for any Medicare cost sharing owed under California state law.

BILLING FOR MEDICARE PHYSICIAN SERVICES

For patients enrolled in a Medi-Cal plan, the physician should bill for Medicare services – which include physician and hospital services – exactly as in the past. There is no change in what Medicare will pay for billed charges, which is generally 80% of the Medicare fee schedule.

- **For patients in Original Medicare**, or Medicare Fee-for-Service (FFS), physicians should continue to bill the Medicare Administrative Contractor (Noridian). Medicare (Noridian) processes the primary claim for Medicare payment and then forwards the claim to the Medi-Cal plan (or DHCS) for the secondary Medi-Cal payment.

- **For patients in Medicare Advantage (MA) plans**, physicians should bill the MA plan for primary Medicare payment.

- If the patient's MA plan is the same as the patient's Medi-Cal plan, the same organization may process the secondary Medi-Cal claim (see Table 2 for more details about plans that automatically cross). If automatic crossover is not set up for the patient's Medi-Cal plan, the physician will need to bill the Medi-Cal plan for the secondary payment.

- If the patient's MA plan is different that the patient's Medi-Cal plan, physicians will need to bill secondary to Medi-Cal plan.

Medi-Cal plans will pay a physician who is enrolled as an active Medi-Cal provider or a "Crossover Only" provider any amount owed under state Medi-Cal law. Physicians do not need to be part of the Medi-Cal plan's network or have a contract with the Medi-Cal plan to have these crossover claims processed and paid if the plan owes anything under state law.

As a reminder, state law and Medi-Cal rates significantly limit Medi-Cal's reimbursement on Medicare claims, and there are few types of services where Medi-Cal owes any reimbursement on Medicare claims.

It continues to be unlawful to bill dual eligible patients for Medicare-covered services.

AVOIDING PATIENT CONFUSION

The state has received reports of a common but dangerous misunderstanding: Medicare patients are being told they may not continue to see their existing physicians if the patient is enrolled in a Medi-Cal plan. This is false. Patients may continue to see their current physicians even if they join a Medi-Cal plan. Medicare physicians do not need to be contracted with Medi-Cal plans to see dual eligible patients.

Medi-Cal has responsibility for services and supports not covered under Medicare, including Medicare cost sharing, as well as some long-term care, durable medical equipment, incontinence supplies, and other services and supports. The only role Medi-Cal managed care plans have with respect to physician services for dual eligibles is to adjudicate the payment of crossover claims for any Medicare cost sharing owed under California state law.

TABLE 1: DUAL ELIGIBLE PATIENT INSURANCE STATUS AND WHERE PHYSICIANS BILL FOR SERVICES

	Physician Contracted with Medicare Health Plan		Physician Not Contracted with Medicare Health Plan		
Patient Medicare & Medi-Cal Status	**Medicare Physician Service Claim**	**Medi-Cal Wrap/Copayment Crossover Claim**	**Medicare Physician Service Claim**	**Medi-Cal Wrap/Copayment Crossover Claim**	**Amount Payable**
Original Medicare Fee-For-Service (FFS) & FFS Medi-Cal	Not Applicable		Bill Medicare directly	State Medi-Cal will automatically receive and process claims	Medicare: 80% of Medicare fee schedule. Medi-Cal: Amount allowable under state law.
Original Medicare (FFS) & Medi-Cal Managed Care Plan	Not Applicable		Bill Medicare directly	Medi-Cal managed care plan will automatically receive and process claims	Medicare: 80% of Medicare fee schedule. Medi-Cal: Amount allowable under state law.
Medicare Advantage (MA) plan & FFS Medi-Cal	Bill Medicare Advantage plan	Bill State Medi-Cal directly	Bill MA plan (only for continuity of care or emergency services)	Bill State Medi-Cal directly	Medicare: Refer to MA plan contract terms. Medi-Cal: Amount allowable under state law.
Medicare Advantage (MA) plan & Medi-Cal Managed Care Plan	Bill Medicare Advantage plan	Bill Medi-Cal Managed care plan (no contract required). See Table 2 for Medi-Cal claims with same parent plans that automatically process.	Bill MA plan (only for continuity of care or emergency services)	Bill Medi-Cal Managed Care Plan (no contract required). See Table 2 for Medi-Cal claims with same parent plans that automatically process.	Medicare: Refer to MA plan contract terms. Medi-Cal: Amount allowable under state law.

TABLE 2: MEDI-CAL MANAGED CARE PLAN CROSSOVER BILLING CONTACT INFORMATION FOR THE COUNTIES OF ALAMEDA, CONTRA COSTA, AND SAN FRANCISCO

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
ALAMEDA ALLIANCE FOR HEALTH AAH Provider Services: (510) 747-4510	Alameda	Submit paper claims with EOB to: P.O. Box 2460 Alameda, CA 94501
ANTHEM BLUE CROSS Provider Relations: (855) 817-5786 anthem.com/provider/contact-us/email-form/	Alameda, Contra Costa, San Francisco	Submit paper claims with Medicare EOB to: Anthem Blue Cross P.O. Box 60007 Los Angeles, CA 90060-0007 Other Crossover Claims Procedures: If a crossover claim is submitted where the member is enrolled in the same plan organization for Medicare and for Medi-Cal, the claim is routed internally for processing.
CONTRA COSTA HEALTH PLAN Claims Department: (877) 800-7423, option 5	Contra Costa	Submit paper claims along with all required supporting documents to: CCHP Claims Department P.O. Box 5122 Lake Forest, CA 92609
SAN FRANCISCO HEALTH PLAN Claims Customer Service: (415) 547-7818 ext. 7115	San Francisco	Submit claims to: SFHP P.O. Box 194247 San Francisco, CA 94119 Claims Information: https://www.sfhp.org/providers/claims/claims-submission/