



Crossover Billing Toolkit for Medicare Providers Serving People with Both Medicare and Medi-Cal January 2023

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.

Physicians do not need to be contracted with the Medi-Cal plan's network to submit a bill to the Medi-Cal plan for any Medicare cost sharing. 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 than the patient's Medi-Cal plan,

physicians will need to bill secondary to the Medi-Cal plan.

Medi-Cal plans will pay the physician 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

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
<p>AETNA BETTER HEALTH OF CA Provider Services: (855) 772-9076 (TTY: 711)</p>	<p>Sacramento, San Diego</p>	<p>Submit paper claims with Medicare EOB to: Aetna Better Health of California Claims and Resubmissions P.O. Box 66125 Phoenix, AZ 85082-6125</p> <p>Other Crossover Claims Procedures: If a crossover claim is submitted where the member has Aetna coverage for Medicare and for Medi-Cal, the claim is routed internally for processing.</p>
<p>AIDS HEALTHCARE FOUNDATION dba Positive Health Care California Claims Department: (888) 235-9274</p>	<p>Los Angeles</p>	<p>Submit paper claims with Medicare EOB to: PHC California Attn: Claims P.O. Box 472377 Aurora, CO 80047</p> <p>Electronic claims: Providers can electronically submit their claims as HIPAA-compliant X12 837 to our clearinghouse, Change Healthcare, submitting ID 95422. Providers must attach the Medicare EOB or RA to allow MCP to coordinate benefits under Medi-Cal.</p>
<p>ALAMEDA ALLIANCE FOR HEALTH AAH Provider Services: (510) 747-4510</p>	<p>Alameda</p>	<p>Submit paper claims with EOB to: P.O. Box 2460 Alameda, CA 94501</p>

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
<p>ANTHEM BLUE CROSS Provider Relations: (855) 817-5786 anthem.com/provider/contact-us/email-form/</p>	<p>Los Angeles, Santa Clara, Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Inyo, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, Santa Clara, Sierra, Sutter, Tehama, Tulare, Tuolumne, Yuba</p>	<p>Submit paper claims with Medicare EOB to: Anthem Blue Cross P.O. Box 60007 Los Angeles, CA 90060-0007</p> <p>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.</p>
<p>BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN Provider Relations: (800) 468-9935</p>	<p>Los Angeles (contracted with LA Care), San Diego</p>	<p>Submit paper claims with Medicare EOB to: Blue Shield Promise Health Plan Exela - BSCPHP P.O. Box 272660 Chico, CA 95926</p> <p>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.</p>

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
<p>CALIFORNIA HEALTH AND WELLNESS Customer Contact Center: (877) 658-0305</p>	<p>Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba</p>	<p>California Health & Wellness Attn: Claims P.O. Box 4080 Farmington, MO 63640-3835</p> <p>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.</p>
<p>CALOPTIMA Provider Relations: (714) 246-8600</p>	<p>Orange</p>	<p>Physicians can also submit paper claims to: CalOptima CMC Crossover Claim P.O. Box 11070 Orange, CA 9285</p> <p>CalOptima receives crossover claims automatically from Medicare.</p> <p>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.</p>

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
<p>CALVIVA HEALTH Customer Contact Center: (800) 675-6110</p>	<p>Fresno, Kings, Madera</p>	<p>Submit Medi-Cal paper claims with Medicare EOB to :</p> <p>Cal Viva Health Claims P.O. Box 9020 Farmington, MO 63640-9020</p> <p>Health Net Medicare Claims P.O. Box 9030 Farmington, MO 63640-9030</p> <p>Other Crossover Claims Procedures: If a crossover claim is submitted where the member has Health Net coverage for Medicare and for Medi-Cal, the claim is routed internally for processing.</p>
<p>CENCAL HEALTH Claims Customer Services: (805) 562-1083</p>	<p>San Luis Obispo, Santa Barbara</p>	<p>CenCal Health receives crossover claims automatically from Medicare. Physicians can also submit paper claims with a Medicare EOB to: CenCal Health Crossover Claim P.O. Box 948 Goleta, CA 93116</p>
<p>CENTRAL CALIFORNIA ALLIANCE FOR HEALTH Provider Relations: (800) 700-3874 ext. 5504</p>	<p>Merced, Monterey, Santa Cruz</p>	<p>Submit Medi-Cal claims to: Central California Alliance for Health, Attn: Claims P.O. Box 660015 Scotts Valley, CA 95067-0015 and Submit for Alliance Care IHSS: Central California Alliance for Health, Attn: Claims 1600 Green Hills Rd, Suite 101 Scotts Valley, CA 95066</p>

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
<p>COMMUNITY HEALTH GROUP PARTNERSHIP PLAN Provider Relations: (619) 240-8933</p>	<p>San Diego</p>	<p>Submit Medi-Cal paper claims to: Community Health Group P.O. Box 210100 Chula Vista, CA 91921</p> <p>Submit Medicare paper claims to: Community Health Group P.O. Box 210157 Chula Vista, CA 91921</p> <p>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.</p>
<p>CONTRA COSTA HEALTH PLAN Claims Department: (877) 800-7423, option 5</p>	<p>Contra Costa</p>	<p>Submit paper claims along with all required supporting documents to: CCHP Claims Department P.O. Box 5122 Lake Forest, CA 92609</p>
<p>GOLD COAST HEALTH PLAN Provider and Member Relations: (888) 301-1228</p>	<p>Ventura</p>	<p>Submit paper claims to: Gold Coast Health Plan Attn: Claims P.O. Box 9152 Oxnard, CA 93031</p> <p>Gold Coast Health Plan receives electronic crossover claims directly from Medicare.</p>

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
<p>HEALTH NET Customer Contact Center: (800) 675-6110</p>	<p>Los Angeles, San Diego, Sacramento, San Joaquin, Stanislaus, Tulare, Kern</p>	<p>Submit paper claims with Medicare EOB to: Health Net Medi-Cal Claims P.O. Box 9020 Farmington, MO 63640-9020 and Health Net Medicare Claims P.O. Box 9030 Farmington, MO 63640-9030</p> <p>Other Crossover Claims Procedures: If a crossover claim is submitted where the member has Health Net coverage for Medicare and for Medi-Cal, the claim is routed internally for processing.</p>
<p>HEALTH PLAN OF SAN JOAQUIN Customer Care: (888) 936-7526</p>	<p>San Joaquin, Stanislaus</p>	<p>Submit paper claims with Medicare EOB to: P.O. BOX 211395 Eagan, MN 55121</p> <p>HPSJ receives crossover ("COBA") claims automatically from CMS's Benefits and Coordination and Recovery Center in an electronic 837 (I&P) standard claims data file. Providers can electronically submit their claims as HIPAA compliant X12 837 5010 P/I transactions through a clearinghouse, Change Healthcare, Office Alley, or Claims Remedi</p>

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
<p>HEALTH PLAN OF SAN MATEO Provider Relations: (650) 616-2106</p>	<p>San Mateo</p>	<p>Submit paper claims with Medicare EOB to: Health Plan of San Mateo 801 Gateway Blvd., Suite 100 South San Francisco, CA 94080</p> <p>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.</p>
<p>INLAND EMPIRE HEALTH PLAN Provider Relations: (909) 890-2054</p>	<p>Riverside, San Bernardino</p>	<p>Providers can submit paper claims with Medicare EOB to: Inland Empire Health Plan P.O. Box 4259 Rancho Cucamonga, CA 91729-4259 IEHP receives crossover claims automatically from the CMS' Benefits Coordination and Recovery Center.</p> <p>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.</p>

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
<p>KAISER PERMANENTE NCAL (800) 337-0115 SCAL (800) 390-3510</p>	<p>Sacramento, San Diego</p>	<p>Submit paper claims with Medicare EOB to: Kaiser Permanente Claims Administration - NCAL P.O. Box 12923, Oakl and, CA 94604-2923</p> <p>Kaiser PermanenteClaims Administration - SCAL P.O. Box 7004, Downey, CA 90242-7004</p> <p>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.</p> <p>Providers can electronically submit their claims as HIPAA compliant X12 837 5010 P/I transactions to our clearinghouses (listed below by region). Providers must attach the Medicare EOB or RA to allow KP to coordinate benefits under Medi-Cal.</p> <p>Clearinghouses:NCAL (Sacramento) ChangeHealthcare (CHC) - 94135 Office Ally - 94135 Relay Health - RH009 SSI - NKAISERCA</p> <p>SCAL (San Diego) ChangeHealthcare (CHC) - 94134 Office Ally - 94134 Relay Health - 94134 SSI – SKAISERCA</p>

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
<p>KERN FAMILY HEALTH CARE Claims Provider Liaison Reps: (800) 391-2000</p>	<p>Kern</p>	<p>Submit paper claims, with Medicare EOB/RA to: Claims Department Kern Family Health Care P.O. Box 85000 Bakersfield, CA 93380</p> <p>Kern Health Systems receives crossover claims automatically from Medicare.</p> <p>If claim is not received from Medicare directly: Electronic claims can be submitted via HIPAA compliant X12 837 5010 P/I transactions, with the Medicare EOB or RA, through our clearinghouses: * Change Healthcare, Office Ally or SSI (PayerID 77039) * Cognizant (Professional PayerID: KERNH; Institutional PayerID: UERNH)</p>

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
<p>L.A. CARE HEALTH PLAN Provider Relations: (866) 522-2736</p>	<p>Los Angeles</p>	<p>Submit paper claims with Medicare EOB to: L.A. Care Claims Department P.O. Box 811580 Los Angeles, CA 90081</p> <p>Electronic Claims: Providers can electronically submit their claims as HIPAA-Compliant X12 837 to our clearinghouse, Change Healthcare, using Payer Id: LACAR or CPIDs 5988 and 6484. Providers must attach the Medicare EOB or RA to allow MCP to coordinate benefits under Medi-Cal.</p> <p>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.</p>
<p>MOLINA Provider Relations: (855) 322-0475</p>	<p>Imperial, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego</p>	<p>Submit paper claims with Medicare EOB to: SCFHP P.O. Box 22667 Long Beach, CA 90809</p> <p>Electronic claims: Providers can electronically submit their claims as HIPAA compliant X12 837 5010 P/I transactions to our clearinghouse—Office Ally. Providers must attach the Medicare EOB or RA to allow SCFHP to coordinate benefits under Medi-Cal.</p> <p>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.</p>

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
<p>PARTNERSHIP HEALTH PLAN OF CALIFORNIA Claims Customer Service: (707) 863-4130</p>	<p>Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, Yolo</p>	<p>Submit Paper Claims with Medicare EOB to: P.O. BOX 1368 Suisun City, CA 94585-1368</p> <p>Partnership does receive crossover information electronically from Medicare currently for Professional Claims. In the future we will be able to receive institutional file types.</p>
<p>SAN FRANCISCO HEALTH PLAN Claims Customer Service: (415) 547-7818 ext. 7115</p>	<p>San Francisco</p>	<p>Submit claims to: SFHP P.O. Box 194247 San Francisco, CA 94119</p> <p>Claims Information: https://www.sfhp.org/providers/claims/claims-submission/</p>
<p>SANTA CLARA FAMILY HEALTH PLAN Provider Relations: (408) 874-1788</p>	<p>Santa Clara</p>	<p>Paper Claims: SCFHP P.O. Box 18640 San Jose, CA 95158</p> <p>Providers must attach the Medicare EOB or RA to paper claims to allow SCFHP to coordinate benefits under Medi-Cal.</p> <p>Providers can electronically submit their claims as HIPAA compliant X12 837 5010 P/I transactions to one of our clearinghouses—Office Ally or Change Healthcare (Payor ID 24077for both).</p> <p>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.</p>