

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 how Medicare billing works under Medi-Cal managed care and how to submit crossover claims to Medi-Cal plans for Medicare patients.

More information is available on the [Medi-Cal Managed Care Enrollment](#) webpage. You can email OMII@dhcs.ca.gov with any questions.

ENROLLMENT IN MEDI-CAL MANAGED CARE

In January and February 2023 dual eligible beneficiaries (people with Medicare and Medi-Cal) in all counties were 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 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. 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 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 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

Patient Medicare & Medi-Cal Status	Physician Contracted with Medicare Health Plan		Physician Not Contracted with Medicare Health Plan		Amount Payable
	Medicare Physician Service Claim	Medi-Cal Wrap/Copayment Crossover Claim	Medicare Physician Service Claim	Medi-Cal Wrap/Copayment Crossover Claim	
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 MA plan	Bill State Medi-Cal directly	Bill MA plan (only for continuity of care or emergency services)	Bill State 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 MA 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?
AIDS HEALTHCARE FOUNDATION dba Positive Health Care California Claims Department: (888) 235-9274	Los Angeles	<p>Submit paper claims with Medicare EOB to: Attn: Claims Depart., AHF/Positive Healthcare P.O. Box 46160 Los Angeles, CA 90046</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>
ALAMEDA ALLIANCE FOR HEALTH AAH Provider Services: (510) 747-4510	Alameda	<p>Submit paper claims with EOB to: P.O. Box 2460 Alameda, CA 94501</p>
ANTHEM BLUE CROSS Provider Relations: (855) 817-5786 anthem.com/provider/contact-us/email-form/	Los Angeles, Santa Clara, Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kern, Kings, Madera, Mono, Sacramento, San Francisco, Santa Clara, Tulare, Tuolumne	<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>

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN Provider Relations: (800) 468-9935	Los Angeles (contracted with LA Care), San Diego	<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>
CALOPTIMA Provider Relations: (714) 246-8600	Orange	<p>Physicians can also submit paper claims to: CalOptima CMC Crossover Claim P.O. Box 11070 Orange, CA 92856</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?
CALVIVA HEALTH Customer Contact Center: (800) 675-6110	Fresno, Kings, Madera	<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>
CENCAL HEALTH Claims Customer Services: (805) 562-1083	San Luis Obispo, Santa Barbara	<p>CenCal Health receives crossover claims automatically from Medicare.</p> <p>Physicians can also submit paper claims with a Medicare EOB to:</p> <p>CenCal Health Crossover Claim P.O. Box 948 Goleta, CA 93116</p>

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH Provider Relations: (800) 700-3874 ext. 5503	Mariposa, Merced, Monterey, San Benito, Santa Cruz	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
COMMUNITY HEALTH GROUP PARTNERSHIP PLAN Provider Relations: (619) 240-8933	San Diego	Submit Medi-Cal paper claims to: Community Health Group P.O. Box 210100 Chula Vista, CA 91921 Submit Medicare paper claims to: Community Health Group P.O. Box 210157 Chula Vista, CA 91921 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.

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COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY CUSTOMER CONTACT CENTER: (800) 675-6110	Imperial	Submit paper claims with Medicare to: EOB CHPIV Health Claims P.O. Box 9020 Farmington, MO 63640-9020 and Health Net Medicare Claims P.O. Box 9030 Farmington, MO 63640-9030 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.
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

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GOLD COAST HEALTH PLAN Provider and Member Relations: (888) 301-1228	Ventura	Submit paper claims to: Gold Coast Health Plan Attn: Claims P.O. Box 9152 Oxnard, CA 93031 Gold Coast Health Plan receives electronic crossover claims directly from Medicare.
HEALTH NET Customer Contact Center: (800) 675-6110	Amador, Calaveras, Inyo, Los Angeles, Mono, Sacramento, San Joaquin, Stanislaus, Tulare, Tuolumne	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 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.

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HEALTH PLAN OF SAN JOAQUIN Customer Care: (888) 936-7526	San Joaquin, Stanislaus	<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 Claim Remedi Inc.</p>
HEALTH PLAN OF SAN MATEO Claims Department: (650) 616-2106	San Mateo	<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: HPSM receives crossover claims automatically from CMS. Where the claim is not automatically forwarded by Medicare, a paper claim with the Medicare EOB can be mailed to the address above.</p>

MEDI-CAL HEALTH PLAN & CONTACT INFORMATION	COUNTIES	IF A PROVIDER NEEDS TO SUBMIT A MEDI-CAL CROSSOVER CLAIM, HOW SHOULD THEY DO THAT?
INLAND EMPIRE HEALTH PLAN Provider Relations: (909) 890-2054	Riverside, San Bernardino	<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?
KAISER PERMANENTE NCAL (800) 337-0115 SCAL (800) 390-3510	Alameda, Amador, Contra Costa, El Dorado, Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Marin, Mariposa, Napa, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Sutter, Tulare, Ventura, Yolo, Yuba	<p>Submit paper claims with Medicare EOB to: Kaiser Permanente Claims Administration - NCAL P.O. Box 12923, Oakland, CA 94604-2923</p> <p>Kaiser Permanente Claims 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?
KERN FAMILY HEALTH CARE Claims Provider Liaison Reps: (800) 391-2000	Kern	<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>

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L.A. CARE HEALTH PLAN Provider Relations: (866) 522-2736	Los Angeles	<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>

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MOLINA Provider Relations: (852) 322-4075	Los Angeles, Riverside, Sacramento, San Bernardino, San Diego	<p>Submit paper claims with Medicare EOB to: Molina Healthcare of California PO Box 22702 Long Beach, CA 90801</p> <p>Electronic claims: Providers can electronically submit their claims as HIPAA compliant ANSI X 12N format (e.g., 837I for institutional claims, 837P for professional claims, and 837D for dental claims. You may submit EDI transactions through Molina’s gateway clearinghouse, SSI Group, or use a clearinghouse of your choice. Molina offers additional options for electronic claims submissions if you do not have a clearinghouse. Log onto the Availity Essentials portal (https://provider.molinahealthcare.com/) for more information. Providers must attach the Medicare EOB or RA to allow Molina 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>

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MOUNTAIN VALLEY HEALTH PLAN Customer Care: (888) 936-7526	Alpine, El Dorado	<p>Submit paper claims with Medicare EOB to: P.O. BOX 211395 Eagan, MN 55121</p> <p>Mountain Valley Health Plan / Health Plan of San Joaquin 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 ClaimRemedi Inc.</p>
PARTNERSHIP HEALTH PLAN OF CALIFORNIA Claims Customer Service: (707) 863-4130	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, Yuba	<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>
SAN FRANCISCO HEALTH PLAN Claims Customer Service: (415) 547-7818 ext. 7115	San Francisco	<p>Mail claims to: SFHP P.O. Box 194247 San Francisco, CA 94119</p> <p>Claims Information: https://www.sfhp.org/providers/claims/claims-submission/</p>

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SANTA CLARA FAMILY HEALTH PLAN Provider Relations: (408) 874-1788	Santa Clara	<p>Paper Claims: SCFHP P.O. Box 18640 San Jose, CA 95158 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 24077 for 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>
SCAN Health Plan SCAN Provider Portal: https://www.scanhealthplan.com/providers	Los Angeles, San Bernardino, Riverside, San Diego	<p>SCAN Connections/Connections at Home product: Claims automatically routed internally for processing.</p> <p>All other SCAN Products: Medicare claims are processed by SCAN. Providers are responsible to submit Medi-Cal claims to correct Medi-Cal Plan with SCAN EOP/RA.</p>